



Homeschool Classes

REGISTRATION APPLICATION



CLASS NAME AND TIME: _____

Child's Legal Name _____ Preferred Name _____

Child's birth date _____ Child's age _____ Female Male

Child's Address _____ City _____ FL Zip _____

Child's School _____ Grade (as of 8/15) _____

1) Parent/Guardian _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ FL Zip _____

E-mail Address (if you would like to receive info by e-mail) _____ Employer _____

2) Parent/Guardian _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ FL Zip _____

E-mail Address (if you would like to receive info by e-mail) _____ Employer _____

In event of an emergency, attempts to contact parents will always be made first. Please fill out the following COMPLETELY, listing two nearby relatives or neighbors who have your permission to remove the child from our care, and might be called if needed.

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ FL Zip _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ FL Zip _____

Additional adults who have your permission to pick up your child from class:

Name _____ Relationship _____ Cell Phone _____ Day Phone _____

Name _____ Relationship _____ Cell Phone _____ Day Phone _____

Child's Physician's Name _____ Phone _____

Medication required: _____ Food or other allergies: _____

What medical, physical or emotional special needs does your child have of which we need to be aware? _____

Has your child been in special education or behavioral program in the past two (2) years? _____

Can child/teen check herself/himself out from our site? Yes No If yes, what time _____ Parent Initial _____

THE AMERICANS WITH DISABILITIES ACT

(A.D.A.) guarantees equal opportunity for individuals with disabilities. If you require special accommodations such as sign language interpreters, taped/braille materials, readers, accessible transportation, etc., please request at least one week prior to the activity/program.

HOLD HARMLESS AGREEMENT

The child and the parent and/or guardian hereby acknowledge that the above named child may not attend this program unless the child and the parent and/or guardian agree to and sign the City of St. Petersburg's Release, Waiver of Claims, Hold Harmless and Indemnity Agreement, and that upon its execution, such document shall be incorporated with and shall become part of this registration application. Inability of the participant to conform to the established rules and regulations will result in the notification of the infraction to the parent/guardian. The Recreation Division reserves the right to dismiss any participant for just cause. I give my consent to any emergency facility and physician to administer the necessary treatment to the child named on this application in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance above named child should circumstances warrant it.

**CITY OF ST. PETERSBURG
PROVIDER/PARENT FEE AGREEMENT DISCLOSURE**

Thank you for selecting the City of St. Petersburg's Recreation Department as your child care provider. Our goal is to offer your child a safe, fun and enriching experience at an affordable price. In accordance with Coordinated Child Care of Pinellas, Inc. regulations we are required to fully disclose all costs to the parent/guardians, in writing. Therefore, listed below are City of St. Petersburg Recreation Department's child care program costs. Fee assistance is available to City Residents who meet qualification guidelines for Free or Reduced Lunch with the Pinellas County School Board.

Summer Playcamp	\$695 (10 weeks)	Summer Teen Camp	\$735 (10 weeks)
Playcamp Weekly Fee	\$90 (per week)	Home School Tech Program	\$50 (10 weeks)
Field Trips & Special Events	(varies with activity)	Summer Technology Camp	\$695 (10 weeks)
Playcamp/Teen Camp AM & PM Extended Care	\$65 (for extended care)		

RETURNED CHECK POLICY

Effective June 1, 2001 the following charges will be applied for all returned checks: (Established by State Statute 832.08(5), for returned checks)

Face Value of Returned Check	Returned Check Fee
\$ 0.01 to \$ 50.00	\$ 25.00
\$ 50.01 to 300.00	\$ 30.00
\$ 300.01 to 800.00	\$ 40.00
\$ 800.01 and above	5 % of the face value

(Returned checks that are eligible to be resubmitted will be automatically redeposited)

The amount due plus the service charge, must be paid to the Central Cashier's Office located at the Municipal Services Building, 325 Central Avenue, St. Petersburg, FL 33701, in cash or money order to keep your child's registration valid. Questions should be referred to Special Collections at 892-5410. Parents/guardians with outstanding returned checks or account balances will not be allowed to register their child(ren) and if the child(ren) is/are enrolled, the child(ren) will not be allowed back into the program, until payment is made. Once payment is made, their next payment may be made with a check. If a participant has issued two returned checks within a six-month period, all other payments for the next six months must be made by cash, money order, credit or debit card.

Class POLICY AGREEMENT

By signing this form:

- (1) We have your permission to put sun screen on your child, as necessary. Children should come to class with sun screen.
- (2) Teen Class participants have permission to watch G, PG, and PG13 rated movies.
- (3) Only the adults listed on this form can pick up your child. In the event some other adult will need to pick up your child, the Parent/Guardian has to give permission. The adult who picks up the child will need photo identification.
- (4) The undersigned parent/guardian understands the above cost structure in accordance with selecting the City of St. Petersburg as their child care provider.
- (5) From time to time the City of St. Petersburg may take photo(s) of children to help publicize our programs. This may include newspaper, brochures, the year-round tabloid, displays or any other forms of publicity for the Recreation Department. There is no monetary compensation for reproduction of these photos.
- (6) I acknowledge that I have received and will read the "Parent Handbook."
- (7) I agree to abide by the Department's Discipline Policies and will review them with my child.
- (8) I acknowledge that all the information on this registration application form is accurate and if found to be inaccurate, my child may be dismissed from class.

Signature of Parent or Guardian _____ Date _____