

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the parent or legal guardian cannot be contacted.

Name	Work#	Other#
Name	Work#	Other#
Name	Work #	Other#
Name	Work #	Other#
Name	Work #	Other#

Section 65C-22.006(3)(c)(1), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY" (CF/PL 175-24)

Section 65C-22.006(3)(c)(2), F.A.C., requires that parents are notified in writing of the discipline practices used by the child care facility.

Section 65C-22.006(3)(c)(3), requires that parents receive the Child Care Facility's **Food and Nutrition Policy** that includes language on food safety and food allergens.

*During the 2009 legislative session, a new law passed that requires child care facilities, family day care homes, and large family child care homes provide parents with information detailing causes, symptoms of the influenza virus (the flu) every year during August and September. My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents.

By signing below, you verify that you have received the above items and that all information on this enrollment form is accurate and complete.

Signature of Parent/Guardian

Date

STAFF INCIDENT MANAGEMENT

Keeping children actively involved in meaningful, fun activities generally creates an environment in which problems are few and minor. However, when program guidelines are not followed, staff will use the following behavior/incident guidelines.

- Behavior/Incident Guidelines: Appropriate behavior from every child is expected. Each child will be treated fairly, firmly, and removed from the activity if necessary.
- When a behavior/incident problem occurs:
 1. The staff will handle the problem initially. Techniques such as redirecting, discussing the problem, reviewing guidelines, loss of privileges and or have their parents notified.
 2. A behavior/incident report may be filled out for the parent to review and sign. All behavior/incident reports will be kept in your child's file.
 3. If the problem continues, staff reserves the right to suspend or expel any child without a refund.
 4. Any physical contact with another child will result in a suspension from the program. We have a zero tolerance for physical contact.

PROGRAM GUIDELINES FOR THE CHILD

We have developed a set of basic guidelines for all children to follow. Please review these guidelines with your child. Other guidelines / rules have been developed for certain areas of the facility and will be gone over with your child.

- Keep hands and feet to yourself (**No physical contact**)
- Listen, follow directions and be respectful of staff.
- Be respectful to others and their property.
- Refrain from profanity and obscene gestures.
- Respect the indoor and outdoor equipment.
- Use "inside voices" when indoors.
- Only leave the program area with permission from staff.
- Personal Devices are not permitted.

Parent or Guardian Signature

Date

AUTHORIZATION FOR EMERGENCY TREATMENT

Permission for the Director, Acting Director, or The Head of School to take whatever steps may be necessary for medical care in case of an emergency is hereby given. I understand the order of actions taken will follow the outline below unless there is a need for immediate action, but will not be limited to these actions:

1. Parent or guardian will be called
2. Child's physician will be called
3. Contact person parents have listed will be called
4. If none of these efforts are successful:
 - a. Another physician will be called
 - b. An ambulance will be called
 - c. The child will be taken to the emergency room of _____ accompanied by a staff member.
5. In order for the school to assume responsibility for my child, I understand I must sign the child in at arrival time and out at departure time.

Signed: _____
(Parent or guardian)

Date: _____

Witness Signature: _____

Date: _____

Parent/Guardian Agreement Form

I have read and will abide by all After- School Program policies.

Parent/Guardian Signature

Date

The Island School Programs Participant Waiver Form

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR THE ISLAND SCHOOL PROGRAMS/ACTIVITIES PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in The Island School's program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with The Island School's programs/activities. I acknowledge that there may be certain risk involved in participating in program activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in such program/activity against The Island School, including their respective officials, employees or volunteers (hereinafter referred to as "Parties"). I do hereby fully release and forever discharge the parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/wars and arising out of, connected with, or in any way associated with these programs/activities. I indemnify and hold harmless The Island School, any or its employees from any and all claims from my use of county property or participation in any of The Island School's programs. I will further indemnify and "hold Harmless" The Island School and its employees from all costs, expenses and liabilities resulting from any claim brought from my child's use of county property and/or participation in programs to the extent of The Island School liability under general law. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Parent/Guardian Signature

Date

Permission for *Food-related Activities & Special Occasion* food consumption

Program 16 USC 22-005 (D)(2) - T.A.C. - licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food-related activities. These activities include such things as: classroom cooking projects, gardening, school-wide celebrations, and holidays.

I _____ give/decline permission for my child _____
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

___ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

___ My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

___ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

___ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

(Parent or Guardian)

(Date)