



2018/2019 After School Registration Form

Child's Name: _____ Male ___ Female ___ DOB: _____

Address: _____ City: _____ Zip: _____

Interested in therapies? OT PT ST MT Current School: _____ Grade: _____

Check here if the student will arrive via school bus: _____ Diagnosis: _____

Parent/Guardian

Parent/Guardian #1 Name: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian #2 Name: _____ Cell Phone: _____

Email Address: _____

Other persons authorized by parent(s)/guardian(s) to pick up child without prior notification:

Name	Phone	Relationship
	()	
	()	
	()	

If PPDC is unable to reach either parent/guardian or emergency contacts, I give my permission to Progressive Pediatric to consult my child's physician, seek emergency medical treatment and/or emergency transportation services if necessary. By signing below, I also agree to pay any medical expenses incurred for treatment and/or emergency transportation.

Physician's Name: _____ Phone number: _____

Physician's Address: _____

Insurance Carrier: _____ Policy Holder: _____ DOB: _____

Relationship (please circle one): Father/Mother/Self Insured ID#: _____

Signature of Parent/Guardian Date

General Information – Attach additional paperwork if necessary:

✓ Does your child have any special accommodation needs due to a disability? Please be detailed.

✓ Does your child have any allergies that we should know about? Please be detailed.

Program Details:

- The Afterschool program runs in alignment with the Leon County Schools schedule & is open Monday - Friday, from 3pm-6pm.
- ***Afterschool is closed on days when The Learning Center and Leon County Schools are closed.*** Parents are responsible for arranging care on days that afterschool is closed. We are offering afterschool for children ages 5 – 21 years old. Children will be divided into groups based on their age and developmental level.
- Activities include: learning centers, developmental play, arts & crafts, social skills training, music therapy, outside play, circle time, reading groups, homework help... and much more!
- Rates:
 - Annual Supply Fee \$75/year. Due upon registration.
 - \$75/week
 - \$20 Daily (Drop-In)

Drop-in may/may not be available. Must be arranged with Director.
- Although fees may be paid weekly, PPDC requires a two-week notice in writing prior to your child’s last two weeks of attendance.
- Please bring a copy of the pertinent details of your child’s IEP to assist us in best structuring their time with us.
- Parents are required to send one snack and drink daily for their child. If placed in your child’s backpack or lunchbox, ensure that it is labeled “afterschool.”
- Parents are required to send diapers and wipes if they are necessary for their child.
- Weekly payments are due by the Thursday prior to each week of afterschool. We accept credit/debit cards, cash, checks and PayPal payments via our website. Checks may be payable to “PPDC” (Progressive Pediatric Developmental Center).

Grounds for Dismissal: The following conditions or occurrences may constitute grounds for the immediate termination of the child’s enrollment privileges:

- Failure to pay fees in a timely manner.
- Failure to consistently drop-off and pick-up as required on the following page.
- Any behavior by the parent that is non-supportive, disrespectful, and/or threatening to the faculty and staff of Progressive Pediatric.

My signature certifies that I have read this packet thoroughly and will adhere to any and all policies outlined by Progressive Pediatric.

Signature of Parent/Guardian

Date

Child’s Name

Florida Administrative Code Requirements:

- Section 65C-22.006(3)(c)1 requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility”
- Section 65C-22.006(3)(c)2 requires that parents are notified in writing of the disciplinary practices used by the child care facility
 - Discipline Policy: At PPDC we demonstrate behavior modification strategies to help each child learn how to regulate their own actions. We use praise and positive reinforcement to encourage on-task behaviors. The staff is trained in behavioral techniques to facilitate the appropriate redirection and/or level of communication needed for the specific developmental level of each child. Discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting is prohibited. Spanking or any other form of physical punishment is not tolerated. A child who is exhibiting aggressive behaviors will be encouraged to use strategies offered or moved to a safe place until calm.
- Section 65C-22.006(3)(c)3 requires that parents receive information detailing the causes, symptoms, and transmission of the influenza virus.

My signature certifies that I have received the above information.

Signature of Parent/Guardian

Date

Child's Name

PARENTAL PERMISSION & RELEASE FORM (One per Child)

Child's Name (please print): _____

- _____ (INITIAL) I give my child permission to attend and participate in all Progressive Pediatric activities.
- _____ (INITIAL) I give permission for my child to be treated in case of illness or emergency, and understand I will be notified in an emergency.
- _____ (INITIAL) I understand that my child may be dropped off at Progressive Pediatric by the LCS bus system, the public transportation system, or by other means. I understand I must notify Progressive Pediatric as to how my child will be arriving and departing.
- _____ (INITIAL) I understand that the all fees are non-refundable and non-transferable. Fees must be paid in advance, either weekly or monthly. Fees are due regardless of attendance. PPDC will prorate weekly fees based on scheduled camps or holidays. Fees are due by the Thursday before each week enrolled.
- _____ (INITIAL) I acknowledge that my account will be billed \$1.00 per minute for picking up my child late.
- _____ (INITIAL) In consideration for my child participating in Progressive Pediatric events and activities I shall indemnify, hold free and harmless, Progressive Pediatric, its officers, employees, and volunteers, thereof from any and all liability, claims or demands for personal injury or sickness, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activity.
- _____ (INITIAL) Information regarding the child's health, well-being and therapy treatment will be shared among all necessary Progressive Pediatric entities. (Example: A child receiving therapy services – the afterschool counselor would receive information about therapy goals).
- _____ (INITIAL) I give my permission for Progressive Pediatric to use my child's picture in social media (website, Facebook, etc.) and in other promotional materials for Progressive Pediatric.

EXCEPTIONS TO THE ABOVE AGREEMENTS: _____

Name of Parent Signing this form: _____

Signature: _____ Date signed: _____

For scheduling, questions, or to discuss the possibilities... Contact:

Beth Spear * Beth@progressivepediatric.org * (850) 325-6301

Please mail/email/fax forms to:

PPDC Afterschool, 1717 Hermitage Blvd Suite 103, Tallahassee, FL. 32308

Phone: (850) 325-6301; Fax: (850) 325-6302

License # C02LE0021