



# 2021 Spring Break & Spring Holiday Registration Form

Child's Name: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date

**General Information:**

✓ 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 Spring Break Camp rate schedule is outlined below and provided to offer your child a social environment to supplement the time they will be out of school. The program is for children in grades preK-12<sup>th</sup>. Spring Break days in 2021 for Leon County schools will be March 15<sup>th</sup> – 19<sup>th</sup>.
- Activities include: learning centers, developmental play, arts & crafts, social skills training, music therapy, outside play, circle time... and much more!
- Spring Break Camp: **For full day: 2 SNACKS, LUNCH AND A MINIMUM OF 3 DRINKS need to be sent with your child. For half day: 1 SNACK AND A MINIMUM OF 1 DRINK.**
- Please also send a reasonable amount of pullups or diapers if your child needs them, as well as anything else which is necessary, or helpful in keeping your child happy, comfortable, clean and safe all week.
- **Registration and Payment is due by Monday (03/08/2021) prior to camp starting.**
- Late Pick-up is offered for \$5 per day, or \$10 for the whole week. Late pick-up goes until 5:30.

**Rates:**

(x)	Spring Break Camp <b>March 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup>, 18<sup>th</sup>, and 19<sup>th</sup> 2021</b> (Mon, Tues, Wed, Thurs, Fri)	
	<b>03/15-19 Full Day:</b> MTWRF 8am – 5pm	\$265.00
	<b>03/15-19 Half Day:</b> MTWRF 8am – 12pm or 1 – 5pm	\$200.00
	<b>Full Day Drop-In:</b> Circle Drop-In, 3/15, 3/16, 3/17, 3/18, 3/19	\$70.00/day x ___ days=\$
	<b>Half Day Drop-In:</b> Circle Drop-In, 3/15, 3/16, 3/17, 3/18, 3/19	\$50.00/day x ___ days=\$
	<b>Late Pick-Up Please Specify:</b> Circle 3/15, 3/16, 3/17, 3/18, 3/19	\$5.00/day x ___ days=\$

(x)	Spring Holiday Camp <b>April 2<sup>nd</sup>, 2021</b> (Friday)	
	<b>Spring Holiday Camp:</b> Full Day 8am-5pm	\$70.00
	<b>Spring Holiday Camp:</b> Half Day AM 8am-12pm or 1pm-5pm	\$50.00
	<b>Late Pick-Up:</b>	\$5.00

**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, our staff models composure to be able to appropriately respond to misbehavior. We use Conscious Discipline strategies to foster connection with students. Where there is misbehavior, we teach missing skills. 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 7.3.C.4 requires that parents receive information detailing the causes, symptoms, and transmission of the influenza virus.
- Section 7.3.5 requires that parents receive information about “distracted adults” and car safety in April and September of each year.

**My signature certifies that I have received the above items.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**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 situation.
- \_\_\_\_\_ (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 have to 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 are due by Monday (03/08/2021).**
- \_\_\_\_\_ (INITIAL) I acknowledge that my account will be billed \$1.00 per minute for picking up my child late.
- \_\_\_\_\_ (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) 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) I agree that any pictures or video taken of my child may be used to promote Progressive Pediatric, including on our website, social media and promotional materials.

EXCEPTIONS TO THE ABOVE AGREEMENTS: \_\_\_\_\_

\_\_\_\_\_

Name of Parent Signing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

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

Stephanie Newman, Camp Director \* [camp@progressivepediatric.org](mailto:camp@progressivepediatric.org) \* (850) 325-6301

**Please mail/fax forms to:**

**PPDC Spring Break/Spring Holiday Camp, 1717 Hermitage Blvd, Suite 103 Tallahassee, FL. 32308**

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

**PPDC License #: C02LE0589**