



# 2021/2022 Afterschool 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? Please be detailed.

**Program Details:**

- The Afterschool program runs in alignment with The Learning Center calendar & is open Monday - Friday, from 3pm-6pm.
- ***Afterschool is closed on days when The Learning Center and Leon County Schools are closed.*** We are offering afterschool for children ages 5 – 21 years old. This school year, children will be divided into groups based on their school to allow for cohorting.
- 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 for all participants.
  - \$85.00/Week
  - \$25.00/Day (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.

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Signature of Parent/Guardian

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Date

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Child’s Name

**Florida Department of Children and Families (DCF) Child Care Facility Requirements:**

- Section 7.3.C.1 requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility”
- Section 7.3.C.2 requires that parents are notified in writing of the disciplinary practices used by the childcare 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.

**Open Door Policy:** Per DCF regulations (8.1.A), the Parent(s)/Guardian(s) have access to their child, in person and by telephone, whenever the child is in care at PPDC.

**Expulsion Policy:**

At PPDC, we see misbehavior as a call for help. We are committed to providing a safe, nurturing environment conducive for learning and growth for all children. We strive to ensure all our children are set up for success regardless of their need or developmental level. If a child exhibits behaviors that are harmful to him/herself, staff or other children in our care, we will do the following:

1. Evaluate the situation and inform the family of our observations.
2. Get information about frequency of aggressive behaviors in the home.
3. Meet with the family to discuss strategies to implement in the home and/or services (i.e. occupational therapy, speech therapy or contracted behavioral services) that will support the child and family.
4. Determine a date by which needed interventions will be initiated. Discuss the potential of withdrawal if interventions are not begun by deadline.

On rare occasions, we will work with families to seek the best care for their child if we determine that our program can no longer meet the needs of an individual child.

**Food Activities / Special Occasions:**

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.

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My signature certifies that I have received and understand the above information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child’s Name

**Health & Safety Information:**

Please keep your child home if he/she is showing any signs of a communicable disease. Signs and symptoms of a suspected communicable disease include the following:

- Fever - 100°F or above
- Severe coughing, causing a child to become red or blue in the face or to make a whooping sound
- Diarrhea/vomiting
- Generally not feeling like him/herself
- Lice

Your child will be kept in a separate area should they show signs or symptoms of illness. We will contact you to pick up your child immediately (within one hour) should your child show symptoms of a communicable disease, including:

- Fever - 100°F or above
- Diarrhea/vomiting
- Suspected pink eye
- Rash
- Lice
- Any other sign or symptom of illness

**Additional Precautions:**

Fever: If your child wakes up with a fever, please do not give them medicine to lower the fever and send them to school/afterschool. Most of the time the medicine will wear off and you will be contacted to pick up your child because the fever has returned. *Your child must be fever-free for 72 hours before returning to PPDC.*

Lice: PPDC has a NO NIT policy. If your child has head lice, he/she must be treated, and all nits must be removed before your child may return. Your child’s head must be checked by an administrative staff member before he/she can return to afterschool.

Medication: A medication permission form is available to parents/guardians, authorizing PPDC to dispense prescription and non-prescription medication to children in care. All medicine must be in the original container. Medication and forms must be given to a staff member, NOT placed in the child’s backpack or lunch box.

**Sunscreen, Diaper Cream and Insect Repellant:**

I consent to the application of sunscreen, diaper cream and insect repellant that I provide. \_\_\_\_

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By signing below, I acknowledge and agree to comply with PPDC’s Health and Safety Policies. I will not send my child to afterschool sick. I am aware that I will need to arrange to have my child picked up from afterschool immediately, should he/she show signs/symptoms of illness.

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Signature of Parent/Guardian

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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.
- \_\_\_\_\_ (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 agree that any pictures or videos taken of me or my child may be used to promote Progressive Pediatric, including on their 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, Afterschool Director: [camp@progressivepediatric.org](mailto:camp@progressivepediatric.org)

**Please mail/email/fax forms to:**  
**PPDC Afterschool, 1717 Hermitage Blvd Suite 103, Tallahassee, FL. 32308**  
**Phone: (850) 325-6301; Fax: (850) 325-6302**  
**DCF License # C02LE0021**

## Emergency Care Plan

Per the DCF School-Age Handbook, 2.5.3 and 7.2.A, "Any child who has or is at an increased risk for a chronic physical, developmental, behavioral or emotional condition and require additional services must have a current Emergency Care Plan included in the child's file." This includes procedures to follow in the event of exposure to any allergen and access to necessary medications. \*\*An Authorization for the Administration of Medication Form must be completed for any over the counter and prescription medications.

<b>Child's Name:</b>	<b>DOB:</b>
<b>Health Condition(s):</b>	
<b>Signs and Symptoms PPDC Staff May Witness:</b>	
<b>Circumstances Which Require Immediate Emergency Care (911) and the Plan of Action:</b>	
<b>Medications To Be Administered at PPDC and Specific Instructions for Use:</b> <small>**Note: This does not replace the Authorization for the Administration of Medication form.</small>	
<b>Other Treatment(s) or Accommodation(s) Required at PPDC:</b>	
<b>Prevention Details:</b>	
<b>Preferred Hospital:</b>	
<b>Medical Provider Name/Address/Phone/Fax</b>	
<b>Parent or Guardian Name/Phone</b>	
<b>Parent or Guardian Signature</b>	<b>Date</b>
<b>Director's Signature</b>	<b>Date</b>