



Before and After Care Program

Before and After Care Registration and Parental Agreement 2010-2011

Plato Academy's Before and After Care program has a mission to continue to challenge each student through critical and analytical thinking skills. We want to challenge them through a variety of engaging and interesting clubs and activities.

Our program is structured to give all students an opportunity to expand their horizons, get involved in new activities, enhance their socialization, and have the ability to develop stronger homework skills. To further enrich our students experience we have taken the After Care program to a new level. In addition to our Plato teachers we have hired additional staff strictly for our After Care Program. This year our program will include; Soccer Programs, Greek Choir, Computer Club, Drama Club, Sports Club, Dance Club, Greek Club, Newspaper Club, a Book Club, and many more.

In order for us to maintain high quality, structured care, we need to have in advance an accurate count of students that will be attending our program. As per Pinellas County License Board, we are limited in the number of students we can have. Spaces will be offered to full time care first and if space permits we will allow drop care. All of the clubs are included in the tuition prices outlined below:

Registration Fee:	\$25 per child
Before Care: (7:00-8:30)	\$25 per week
After Care: (3:30-5:45)	\$50 per week
Before and After Care:	\$65 per week
Drop Care:	\$15 per day (based on availability & advanced notice)
Club Participation (Only):	\$10 per day per club

Please note that tuition is due regardless of absence or illness. Tuition is due by Friday of the week prior to service. A fee of \$5 per day will be charged for all late payments. Nonpayment by Wednesday may result in disenrollment in the Before and After Care Program. All returned checks carry a \$25 fee. After Care closes promptly at 5:45pm, you will be charged \$1 per minute for every minute late. You may not bring your child prior to 7:00am and you must sign them in each morning for Before Care. You must also sign your child out each day in After Care. For special accommodations, please consult with the Director.

In order for your child to be enrolled in our Before and After Care program, you must sign and submit the Parent Agreement Form found on the next page, as well as all the attached PCLB paperwork and pay the registration fee.

Plato Academy is looking forward to making this program an exciting experience for your child. Thank you for your cooperation.



BEFORE and AFTER CARE REGISTRATION FORM and PARENT AGREEMENT

Student's Name: _____ **Grade:** _____

_____ My child will attend Before Care

_____ My child will attend After Care.

_____ My child will attend Clubs Only.

My student is interested in (check all that apply):

_____ Homework Assistance

_____ Soccer Program

_____ Greek Choir

_____ Computer Club

_____ Drama Club

_____ Book Club

_____ Sports Club

_____ Greek Club

_____ Cheerleading

_____ Yoga

_____ Art Club

_____ Cooking Club

_____ Music Club

_____ Volleyball

_____ Table Games

_____ Newspaper Club

These groups may be subject to change depending on interest

To further enrich the students After Care experience, we want to offer you the opportunity to volunteer your talents and time by participating in one or more of our clubs. Please indicate your commitment below. (On the days you volunteer you will not be charged After Care fees for your child).

All attached paperwork must accompany this agreement and registration fee.

I have read and understand the Parent Agreement, tuition rates and fees, involved in the Before and After Care program at Plato Academy Charter School. I also understand that failure to abide by these terms may result in disenrollment.

I wish to volunteer for the following club(s):

Parent Name: _____

Parent Signature: _____ **Date:** _____



Before and After Care Program

**During and After-School Program Participation Clearance and Waiver of Liability Form
School Year: 2010/2011**

Dear Parent / Guardian:

Vigorous physical activity is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and skills necessary for a physical active lifestyle. Physical Activity programs at both during-school curriculum and after-school extra-curricular sports program activities provide opportunities for students to experience the fitness feeling and help them make decisions regarding personal fitness and the value of physical activity in their daily life.

ELEMENT OF RISK NOTICE

It is understood and acknowledged that there is a risk of injury involved in any contact athletic activity (participation). Please note that due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in physical activity. The student (athlete) will be under supervision and direction of Plato Academy teachers. Following the rules of the game and the instructions of the staff can reduce the risk of injury to the student and to other students. However, it is understood that neither the teacher nor Plato Academy can eliminate the risk of injury in contact sports activities. Injuries may and do occur. Injuries do vary in degree from mild to severe. We (parent and/or legal guardian) freely, knowingly, and willingly accept and assume the risk of injury that might occur from participation in athletics.

It is important that your child participates safely and comfortably in the of Plato Academy *during-school* curriculum and *after-school* extra-curricular sports program activities.

In your child's best interest we recommend the following:

- a) An annual medical examination.
- b) Appropriate attire for safe participation (T-shirt, shorts or track pants, and running shoes). Jewelry which cannot be removed and which presents a safety concern must be taped.
- c) The wearing of any eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during physical activities.
- d) The wearing of sun protection for all outdoor activities.
- e) Safety inspections of any home equipment brought to school for personal use (e.g., skis, skates, helmets).

If you require further information, please contact the school at: Phone: (727) 793-2400 Email: ralston@platoacademy.net

Please complete the necessary information and have your child return it to his/her teacher.

Student Name: _____ **Teacher:** _____ **Grade:** _____

Address: _____ **City:** _____ **County:** _____

State: _____ **Zip Code:** _____ **Home Phone #:** _____

1. Father's Name: _____ **Place of Employment:** _____

Daytime Phone #: _____ **Cell #:** _____ **Work #:** _____ **Email:** _____

2. Mother's Name: _____ **Place of Employment:** _____

Daytime Phone #: _____ Cell #: _____ Work #: _____ Email: _____
(continued on back)

3. Legal Guardian's Name: _____ Place of Employment: _____

Daytime Phone #: _____ Cell #: _____ Work #: _____ Email: _____

4. Emergency Contact(s): _____ Relationship: _____

Daytime Phone #: _____ Cell #: _____ Work #: _____ Email: _____

5. Physicians Name: _____ Address: _____

Office Phone #: _____ Email: _____ Other Contact Info: _____

WAIVER OF LIABILITY

Plato Academy does not carry accident or medical insurance to cover students' accidental injuries or illness. It is the responsibility of the parent and/or legal guardian to ensure adequate accidental, health, hospital, and/or medical insurance coverage is maintained throughout each year for their child. Please note that in the event of any insurance coverage lapse the parent and/or legal guardian will accept full responsibility of all accidental, health, hospital, and/or medical expenses and liabilities in the event of any injury.

1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card:
Please specify what is written on it: _____
First aid procedures in case of incident: _____

2. If your son/daughter/ward is allergic to any foods / medication / bee stings / other, please specify:
First aid procedures in case of incident: _____

3. Specify any other medical conditions / physical limitations your son/daughter/ward has that may affect their full participation with physical education activities. Provide pertinent details or contact teacher: _____

Please note that the emphasis of Plato Academy *during-school* curriculum and *after-school* extra-curricular sports program activities is maximum participation, fair play, teamwork, and sportsmanship (sport person-ship). The program is used to enhance and extend the physical education program in and beyond the classroom setting.

Any Comments: _____

In signing this form, I give permission to my child to participate in the programs, and I acknowledge the element of risk notice information noted. In addition, I will be responsible in obtaining insurance coverage and payment of all fees and costs accrued in the event of injury. Furthermore, I hereby state that, to the best of my knowledge, my answers to the above questions are correct and agree with all that has been stated.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last

Sex _____ Birth Date _____

Child's preferred name/nickname _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Primary hours child will be in the children's center _____

Days of week child will be in the children's center _____

Who has legal custody _____ Relationship _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Home Phone _____ Cell Phone _____

Parent's name _____

Home Phone _____ Cell Phone _____

Home Address _____ Zip _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Home Address _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

CHILD'S ENROLLMENT RECORD

(Back Page)

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ **Telephone** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline policy.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

I verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____, _____, 20____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____
(Signature of Notary)

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission 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*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/>

What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

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This brochure was created by the Department of Children and Families in consultation with the Department of Health.



INFLUENZA VIRUS

**“The Flu”
A Guide
for Parents**