



**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, emergency, if for some reason the custodial parent or legal guardian cannot be reached:

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

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

- For preschool aged children: a current physical examination (form 3040) and immunization record (form 680 or 681) must be on file.
- Both parents must sign and agree to the information provided on the above Child Care Application for Enrollment. If a parent is unable to provide a signature, written notification must be provided to the reason a signature is unavailable.
- The information requested on the Free and Reduced-Price Meal Application is necessary so that the center may receive reimbursement for meals served to your child. Free and Reduced price Meal Applications will be placed in our files and treated as confidential information.
- By signing below, you verify that you have received the City of Miramar Early Childhood Program Parent Handbook and that all information on this enrollment form is complete and accurate.

Mother's Signature: \_\_\_\_\_

Date

Father's Signature: \_\_\_\_\_

Date

**INFORMED CONSENT FORM (CHILD) ADDENDUM**

STATE OF FLORIDA        )  
  )  
COUNTY OF BROWARD    )        **SS.:**

I/We, \_\_\_\_\_, being the parent, legal guardian or custodian of \_\_\_\_\_, hereby give authorization for the City of Miramar to seek medical treatment as follows pertaining to an allergic reaction my child, \_\_\_\_\_, has to ant bites:

1. In the event that my children is bitten by an ant or other insect and evidence any sort of allergic reaction, the City of Miramar is authorized to call paramedics in order to administer appropriate treatment.

I am fully aware that the City of Miramar employees are not authorized to administer any medications, injections, etc. I/We further agree to indemnify and hold harmless the City of Miramar from any and all claims/and/or liens.

**IN WITNESS WHEREOF**, we have hereunto set our hands and seal this \_\_\_\_ day of \_\_\_\_\_, AD, 2011-2012.

**Signed, sealed and delivered in presence of:**

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Parent/Guardian/Custodian

\_\_\_\_\_  
Parent/Guardian/Custodian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**I HEREBY CERTIFY** that on this day before me, a Notary Public duly authorized to take acknowledgements in the State and County aforesaid, personally appeared \_\_\_\_\_ who is/are personally known to me or who have produced her/his/their driver license(s) and who executed the foregoing informed Consent Form and he/she/they acknowledged before me that he/she/they executed the same.

**WITNESS** my hand and official seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, AD, 2010/2011.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



**CITY OF MIRAMAR**  
**RULES OF CONDUCT / DISCIPLINE POLICY**

Children of all ages in the city program are disciplined in the same manner. The following policy will govern the types of discipline to be administered in the event a child becomes unruly or his/her actions interfere with the classroom or outdoor functions of the program.

1. A child may be disciplined by sitting out of the activity for a short period of time.
2. A child shall not be subjected to severe, humiliating or frightening discipline.
3. Discipline shall not be associated with food, rest or toileting.
4. A discipline record shall be kept on file in the office for any major or constantly recurring problem.
5. If necessary, the problem shall be discussed with the parents.
6. Spanking or any form of physical punishment is prohibited.
7. If a child becomes a problem to the point of considering dismissing the child from the program, the following procedures shall be implemented:
  - a. Meeting with the parent(s) and discuss the reason for considering dismissal.
  - b. Explore all avenues for positive corrective action.
  - c. Allow a probation period for corrective action.
  - d. Dismissal action should be taken only as a last resort.
  - e. Parent(s) shall be given a written notification of the reason(s) for dismissal.
8. Weapons
  - a. Under no time is it appropriate for any child to possess or bring any weapon of any kind into a program facility.
  - b. Possession of a weapon shall be defined as knowingly, intentionally, deliberately, or inadvertently (without meaning to do it) bringing a weapon onto City property, program facilities, or any program sponsored activity.
  - c. Parents are to be immediately notified and the child placed under constant supervision from the site supervisor, or designee.
  - d. Disciplinary action up to and including expulsion from any and all City run child care programs may be taken.
9. Policy and Procedures
  - a. The City of Miramar reserves the right to dismiss any participant or family who does not comply with the policies and procedures of the Early Childhood Program.

Parent \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_



Get your City of Miramar information in your email inbox. Stay updated on current events, City news and special activities.

Please complete the form below to be added to the constant contact list for City of Miramar emails. Your email address will not be shared for any 3rd party advertising.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**INFLUENZA VIRUS**

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.







CITY OF MIRAMAR WEBSITE RELEASE FORM FOR MODELS

<http://www.ci.miramar.fl.us>

I, the undersigned, do hereby give the City of Miramar, Florida ("City"), through its agents, licensees, legal representatives, successors and assignees, including any person acting under its permission and authority, the unqualified, irrevocable right, privilege and permission to use or reproduce my picture, portrait or photograph in all forms and media and in all manners, including composite or distorted representations for advertising, trade, or any other lawful purpose; including unrestricted use for purposes of publicity or promotion; to copyright or otherwise legally register the same in the name of the city or its agents, licensees, legal representatives, successors and assignees, if deemed desirable, in the sole discretion of the City; and to use my name, (or fictional name), likeness, biographic or other information concerning me in connection thereto. I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I hereby grant, assign and transfer to the City or its agents, licensees, legal representatives, successors and assignees all my rights and interests therein. I for myself, my heirs, successors, executors, administrators and assignees, hereby remise, release and discharge the City, its agents, licensees, legal representatives, successors and assignees for and from any and all claims of any kind whatsoever on account of use of such photographs of me, including but not limited to any and all claims for damages for libel, slander and invasion of the right to privacy.

I further acknowledge that I am not to receive any financial benefits from the use of my photo in connection hereto.

I have fully read, understood and agree to each and every term contained in this Release.

Check the applicable box:

I am eighteen (18) years or more of age, of sound mind and have read and understand this authorization and release.

The subject child is a minor and as the parent or legal guardian I consent to the authorization on behalf of the child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

CITY OF MIRAMAR  
SOCIAL SERVICES DIVISION

AUTHORIZATION FOR FIELD TRIP / OUTSIDE PLAYGROUND

I/WE, the undersigned, hereby grant my/our child:

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(child's full name)

Permission to travel on an Early Childhood / Social Services sponsored trip to:

- ❑ Miramar Civic Center, 6920 SW 35<sup>th</sup> Street, Playground, Play Area, Community Center & Sports Field
- ❑ Sunset Lakes, 2801 SW 186<sup>th</sup> Avenue, Playground, Play Area, Community Center & Sports Field
- ❑ Vicki Coceano Youth Center, 2001 Douglas Road, Volleyball complex, Playground, Play Area & Forzano Field
- ❑ Silver Shores, 15700 Pembroke Road, Playground, Play Area & Sports Field
- ❑ Fairway Park, 3700 Largo Drive, Playground, Play Area, Ball Courts & Computer Lab

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Departure 7:00 a.m. June 13, 2011  
(Month, day, year)

Return at about 6:00 p.m. August 19, 2011  
(Month, day, year)

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Parent/Guardian Name (Print)

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Parent/Guardian Signature

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Date

Miramar  
 Early Childhood  
 Summer Camp Program  
 Authorization for Field Trips

<u>Trip Date</u>	<u>Destination / Field Trip</u>	<u>Pick Up &amp; Return Times</u>
<b><u>Week Three</u></b>		
30-Jun	Seminole, 5716 Seminole Way, Hollywood	12 p.m. to 4 p.m.
<b><u>Week Four</u></b>		
7-Jul	Sparez Davie, 5325 S University Drive, Davie	12 p.m. to 4 p.m.
<b><u>Week Five</u></b>		
14-Jul	Carnival Fun Station, Ft Lauderdale War Memorial Auditorium, 800 NE 8th Street, Fort Lauderdale	12 p.m. to 4 p.m.
<b><u>Week Seven</u></b>		
9-Jul	Fariway Community Park 3700 Largo Drive , Miramar	TBA
<b><u>Week Nine</u></b>		
1-Aug	IGFA Fishing Museum, 300 Gulf Stream Way, Dania Beach	12:30 p.m. to 4:30 p.m.
I/We, the undersigned, hereby grant my child, _____ permission to travel to and/or participate in the above field trips and related activities. READ, UNDERSTOOD & AGREED TO:		
Parent's Signature		Date

CITY OF MIRAMAR  
OPERATIONAL SERVICES  
SOCIAL SERVICES EARLY CHILDHOOD DIVISION  
EARLY CHILDHOOD PROGRAM  
AUTHORIZATION FOR SWIMMING RELATED FIELD TRIP

I/WE, the undersigned, hereby grant my child, \_\_\_\_\_  
(child's full name)

permission to travel to and/or participate in aquatic swimming related activities in the City of Miramar Early Childhood programs .

Please check the appropriate response:

\_\_\_\_\_ **My child is a swimmer.** Swimmers must pass a swim test in order to participate in the pool swimming area without a flotation device.

**Please check the appropriate response:**

\_\_\_\_\_ If my child does not pass the swim test, they will be allowed to participate in the pool wearing a Coast Guard approved Life Jacket.

\_\_\_\_\_ If my child does not pass the swim test, they will **not** be allowed to participate in the pool wearing a Coast Guard approved Life Jacket. They will be allowed to participate in the aquatic water play area.

\_\_\_\_\_ **My child is NOT a swimmer.**

**Please check the appropriate response:**

\_\_\_\_\_ My child has my permission to participate in aquatic/swimming related activities that do not involve swimming. Activities include the Miramar Aquatic Facility water play area.

\_\_\_\_\_ My child may not participate in any water related activities.

The City of Miramar Early Childhood Program does not provide swimming instructions or lessons. Please contact the Aquatic Complex at 954-894-3133 for information.

READ, UNDERSTOOD, & AGREED TO:

\_\_\_\_\_ Parent/Guardian Name (Print)

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

\_\_\_\_\_ Date

City of Miramar  
 Early Childhood  
 Summer Camp Program  
 Authorization for Field Trips  
 Silver Shores / Sunset Lakes

Trip Date	Destination / Field Trip	Pick Up & Return Times
<b><u>Week One:</u></b>		
14-Jun	Sunsetl Lakes / Silver Shores Miramar Aquatic Complex, 16801 Miramar Parkway, 33027	9:30 am tp 1:30 pm
<b><u>Week Two:</u></b>		
21-Jun	Sunsetl Lakes / Silver Shores Miramar Aquatic Complex, 16801 Miramar Parkway, 33027	9:30 am tp 1:30 pm
<b><u>Week Three:</u></b>		
28-Jun	Sunsetl Lakes / Silver Shores Miramar Aquatic Complex, 16801 Miramar Parkway, 33027	9:30 am tp 1:30 pm
<b><u>Week Four</u></b>		
5-Jul	Sunsetl Lakes / Silver Shores Miramar Aquatic Complex, 16801 Miramar Parkway, 33027	9:30 am tp 1:30 pm
<b><u>Week Five</u></b>		
12-Jul	Sunsetl Lakes / Silver Shores Miramar Aquatic Complex, 16801 Miramar Parkway, 33027	9:30 am tp 1:30 pm
<b><u>Week Six</u></b>		
19-Jul	Sunsetl Lakes / Silver Shores Miramar Aquatic Complex, 16801 Miramar Parkway, 33027	9:30 am tp 1:30 pm
<b><u>Week Seven</u></b>		
26-Jul	Sunsetl Lakes / Silver Shores Miramar Aquatic Complex, 16801 Miramar Parkway, 33027	9:30 am tp 1:30 pm
<b><u>Week Eight</u></b>		
2-Aug	Sunsetl Lakes / Silver Shores Miramar Aquatic Complex, 16801 Miramar Parkway, 33027	9:30 am tp 1:30 pm
<b><u>Week Nine</u></b>		
9-Aug	Sunsetl Lakes / Silver Shores Miramar Aquatic Complex, 16801 Miramar Parkway, 33027	9:30 am tp 1:30 pm
<b><u>Week Ten</u></b>		
16-Aug	Sunsetl Lakes / Silver Shores Miramar Aquatic Complex, 16801 Miramar Parkway, 33027	9:30 am tp 1:30 pm
<b>NOTE: In case of inclement weather our field trip alternative to the Miramar Aquatic Facility will be Regal Movie Theater at Westfork Plaza, 15977 Pines Blvd, Pembroke Pines.</b>		
I/We, the undersigned, hereby grant my child, _____ permission to travel to and/or participate in the above field trips and related activities. READ, UNDERSTOOD & AGREED TO:		
Parent's Signature		Date

Miramar  
 Early Childhood  
 Summer Camp Program  
 Swimming Schedule  
 Youth Center / Civic Center

Trip Date	Destination / Field Trip	Pick Up & Return Times
<b><u>Week One:</u></b>		
14-Jun	Youth Center /Civic Center Miramar East Aquatic 6920 SW 35 street, 33025	9:30 am tp 1:30 pm
<b><u>Week Two:</u></b>		
21-Jun	Youth Center /Civic Center Miramar East Aquatic 6920 SW 35 street, 33025	9:30 am tp 1:30 pm
<b><u>Week Three:</u></b>		
28-Jun	Youth Center /Civic Center Miramar East Aquatic 6920 SW 35 street, 33025	9:30 am tp 1:30 pm
<b><u>Week Four</u></b>		
5-Jul	Youth Center /Civic Center Miramar East Aquatic 6920 SW 35 street, 33025	9:30 am tp 1:30 pm
<b><u>Week Five</u></b>		
12-Jul	Youth Center /Civic Center Miramar East Aquatic 6920 SW 35 street, 33025	9:30 am tp 1:30 pm
<b><u>Week Six</u></b>		
19-Jul	Youth Center /Civic Center Miramar East Aquatic 6920 SW 35 street, 33025	9:30 am tp 1:30 pm
<b><u>Week Seven</u></b>		
26-Jul	Youth Center /Civic Center Miramar East Aquatic 6920 SW 35 street, 33025	9:30 am tp 1:30 pm
<b><u>Week Eight</u></b>		
2-Aug	Youth Center /Civic Center Miramar East Aquatic 6920 SW 35 street, 33025	9:30 am tp 1:30 pm
<b><u>Week Nine</u></b>		
9-Aug	Youth Center /Civic Center Miramar East Aquatic 6920 SW 35 street, 33025	9:30 am tp 1:30 pm
<b><u>Week Ten</u></b>		
16-Aug	Youth Center /Civic Center Miramar East Aquatic 6920 SW 35 street, 33025	9:30 am tp 1:30 pm

I/We, the undersigned, hereby grant my child, \_\_\_\_\_ permission to travel to and/or participate in the above field trips and related activities. READ, UNDERSTOOD & AGREED TO:

\_\_\_\_\_  
 Parent's Signature Date

**City of Miramar  
Summer Registration Form**

CHILD'S NAME: \_\_\_\_\_

NOTE: one child per registration form

T-SHIRT SIZE: \_\_\_\_\_

Circle Weeks of Registration	Camp Dates	Payment Due	Payment Amount	Payment Date	Payment Method	Staff Initials
1	June 13 - June 17	at registration				
2	June 20 - June 24	at registration				
3	June 27 - July 1	June 13, 2011				
4	July 4 - July 8	June 20, 2011				
5	July 11 - July 15	June 27, 2011				
6	July 18 - July 22	July 4, 2011				
7	July 25 - July 29	July 11, 2011				
8	August 1 - August 5	July 18, 2011				
9	August 8 - August 12	July 25, 2011				
10	August 15 - August 19	August 1, 2011				
Grant Assessment Fee:		at registration				
Registration Fee:		at registration				

Registration fee and weekly payments are non-transferable and non-refundable. Camp fees must be paid 2 weeks in advance of camp attendance non-payment will result in cancellation of reserved weeks. Acceptable forms of payment are Visa, MasterCard, Money Order or Check. No cash payments. A fee will be assessed for any returned checks.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_