

PDMS WEB APPLICATION

Before you begin

Make sure to have the correct student ID number. If you aren't sure what the student ID number is, contact the site supervisor at the school.

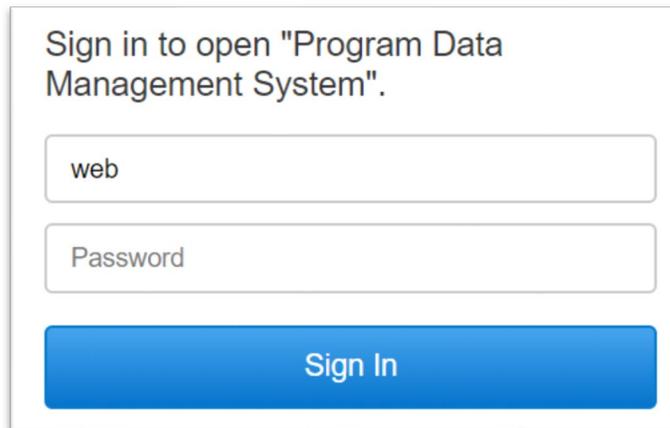
Accessing the website

1. Click this link:

[PDMS Web Registration](#)

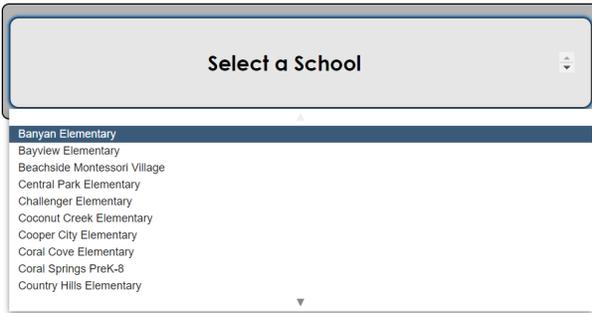
Or go to <https://tinyurl.com/PDMOnline>

2. Type in "web" as your account name (there is no password) then click "sign in"

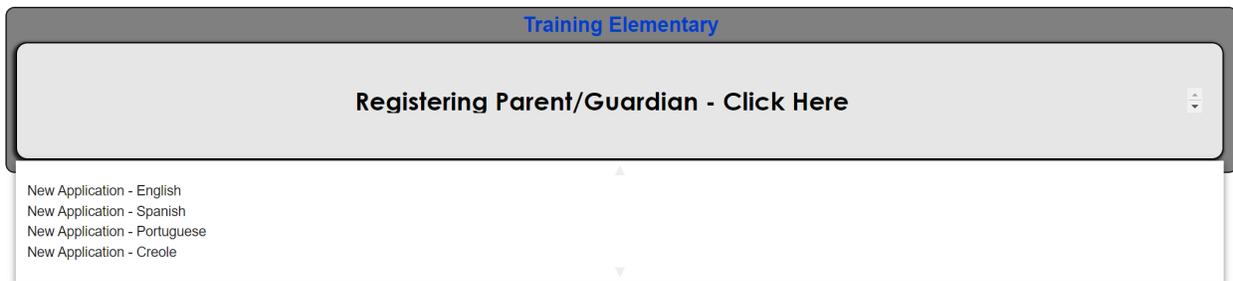


The screenshot shows a login form for the "Program Data Management System". At the top, it says "Sign in to open 'Program Data Management System'". Below this, there are two input fields: the first contains the text "web" and the second is labeled "Password". At the bottom of the form is a blue button with the text "Sign In".

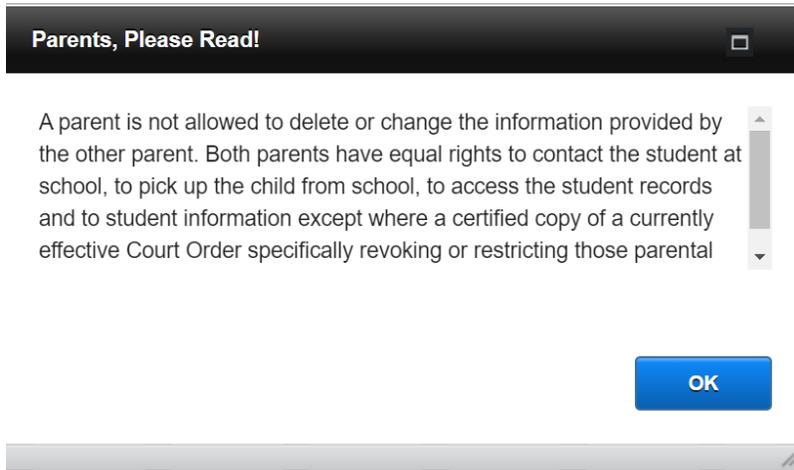
3. Select "Select a school button" and choose your school. After that, select the "Go" button.



4. Select "Registering Parent/Guardian – Click Here" and choose the desired language for the application



5. Read through the pop-up window and select "OK"



6. Enter student information on all fields. Make sure to enter the correct student number, if you aren't sure what the student number is, reach out to the school's site supervisor.

Student Information

Enter Student#
 Enter Last Name
 Enter First Name

Go

7. Fill out all the "Next". fields then select

Grade:

Application
 2020-2021
 Before and After School Child Care Program

Parent/Guardian 1 Password:

Before Care
 After Care Non-School Days
 Full Day 1 hr. Staff (School Staff)

Student

Student # Home School:

Child's Name: Last First Starting Date:

Date Of Birth: Age: Gender:

Height: Weight: Eye Color: Hair Color:

Race: White Native American Asian
 Black Multiracial Other

Ethnicity: Non-Hispanic or Non-Latino
 Hispanic or Latino

Child Lives with: Both Parents Mother Father Guardian

LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:



8. Fill out all the fields then select "Next". Select the "red arrow" if you need to make corrections on the previous page.

Tips:

- When typing your email address, make sure there is no space after it.
- Choose a cell phone provider, so you will be able to receive text messages.

**Registration
2020-2021
Before and After School Child Care Program**



Student # Child's Name:

Are you a Broward County School Employee? Yes No If yes, enter your personnel #

Do you work in the following fields: first responder, healthcare, food service? Yes No

**Parent/
Guardian 1**

Name (First) (Last) Cell Phone

Primary Address Cell Phone Provider

City State Zip Work Phone

HomePhone

Click here if the Registering Adult address, is the same as the Second Adult.

**Parent/
Guardian 2**

Name (First) (Last) Cell Phone

Second Address Cell Phone Provider

City State Zip Work

HomePhone

List Email Addresses:

Can your child be photographed? Yes No



9. Fill out all the fields then select "Next". Select the "red arrow" if you need to make corrections on the previous page.

10. Fill out all the fields then select "Next. Select the "red arrow" if you need to make corrections on the previous page.

Tip:

- If you choose "Yes", make sure to select the box on the right side of the question and a pop-up box will appear. Once you fill out the information, select "Close" and go to the next question.

**Application
2020-2021
Before and After School Child Care Program**



**Medical / Special
Concerns**

Student # Child's Name:

Family Doctor: Doctor Phone#:

Important medical concerns we should be aware of (conditions, medications, health history, etc.):

Does your child have any medical concerns? Yes No If Yes,

Does your child have allergies? Yes No If Yes,

Does your child take any medications? Yes No If Yes,

Does your child have any special concerns we need to be aware of? Yes No If Yes,

Does your child have any special needs we should be aware of? Yes No If Yes,

Does your child receive any special services during the school day? Yes No If Yes,



The image shows a web form titled "Medical Concerns" with a "Close" button in the top left corner. The main heading is "Tell us about your child's medical concerns:". Below this is a large, empty text area. To the right of the text area are several input fields: a "Doctor Phone#:" field, a field for "medications, health history, etc.:", and three rows of "yes" and "no" radio button options, each followed by an "If Yes, ..." field. A red arrow points to the right side of the form, indicating the "Next" button.

Picture of the POP-UP box

10. Fill out all the fields then select "Next". Select the "red arrow" if you need to make corrections on the previous page.

Tips:

- Under "Authorized Release/Contact for Parent/Guardian 1" must have at least one other person besides parent/guardian 1 and parent/guardian 2 in line 1, otherwise, you will have to list "Local Police" as the authorized pickup.
- Make sure to verify your email at the bottom by retyping it in the "Email Verification" field.

**Application
2020-2021
Before and After School Child Care Program**



Student # Child's Name:

The Parent/Guardian Authorized Release / Contact MUST be a person other than the Parent/Guardian 1 and 2. If no one is listed, than Local Police MUST be listed. The person MUST be listed on the top line.

Name	Relationship	Home Phone	Work or Cell Phone

I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.

Print Name _____ Relationship to child _____ Date 6/29/20

Application #: **0701002036**

Thank you for submitting an application to enroll your child in a BASCC program. Your application has been submitted. This does not guarantee enrollment in the program. Your application will now enter the review process. Please check your email for further information and confirmations.

We recommend saving a screenshot of this page, and reviewing the important information below:

- Due to COVID-19, spaces are limited.
- Save your confirmation number for reference.
- A confirmation email will be sent after application has been received.
- A second confirmation email will be sent if/when the application has been accepted.
- Allow five business days for processing.

Please verify your email address below:
 Email: basccbroward@browardschools.com

Email Verification: _____

I declare this information to be true and correct. I agree that my electronic signature is legal and binding. It is equivalent of my handwritten signature:

Signature (Print Name): _____



11. Select "Yes, I agree" after reading through the information. After selecting "Yes, I agree", it will put a date stamp on the document. Select the "red arrow" if you need to make corrections on the previous page. Select "Submit if adding sibling" if you need to add a sibling. Select "Submit if no adding sibling", if you aren't adding any siblings.

**2020-2021
Before and After School Child Care Program**



Student # 2345678901 Child's Name: First Test Pdmssolutions@Browardschools.Com
 School Training Elementary Date: 6/29/2020

I understand the policies and procedures that have been outlined in the Parent Handbook. I understand that these are in place to ensure the safety and well-being of my child while attending the program. I have read them and agree to follow them. I have also discussed the rules of the program with my child.

In addition, I understand some of my responsibilities include, but are not limited to:

Scroll down to Agree.

- Bringing my Photo ID for pick-up verification.
- Picking my child up by the program's closing time, or I will be charged a late pick-up fee
- Paying Period Fees on or before the last day to pay
- Paying late pick-up fees prior to the next Period Payment
- Notifying the Supervisor, directly, if my child will not be attending the program

1. I understand, my child will be expected to behave in accordance with the "Code of Student Conduct" for Broward County Public Schools.
2. I understand, all payments for Before and After School Child Care Programs must be made in advance of the child receiving childcare. Failure to pay in advance will result in dismissal from the program. Payment due dates are given to parent/guardians upon registration.
3. I understand, it is necessary to pick up my child(ren) on time. Failure to do so may result in dismissal from the program. A late pick-up fee of \$15.00, per 15 minute increments, per family will be charged.
4. I understand, if my child is on the Broward Free/Reduced Meal Program, funds may be available for partial After School Child Care Fees. It is my responsibility to request this information and provide necessary documents for the application.
5. I also understand, it is my responsibility to keep my own records and receipts for income tax purposes.

Parent/Guardian Signature: Second Test Date: _____

Yes, I agree.

Submit
 If adding
 Sibling

OR

Submit
 if no sibling

12. Read through the pop-up window and select "Go"

Thank You □

Your application has been received and is in the review process. Please allow 48 business hours to receive an email from our team. Your application number is: 0701002036. Please record your application number for future reference.

Go

13. Select "Student Registration.pdf" to download a copy of the registration. Select "Close" to complete the application.

