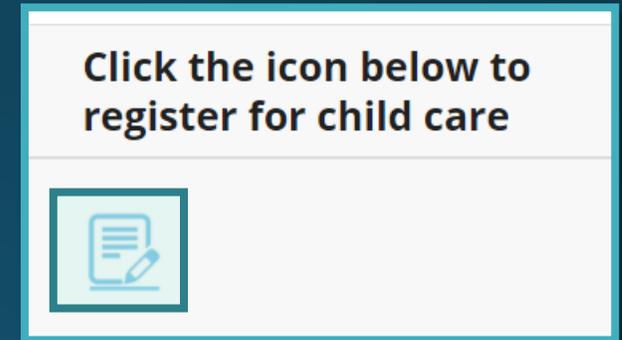


# Application (Parent/Guardian)

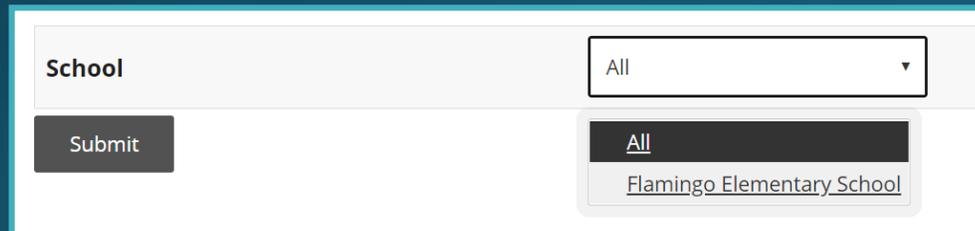
- 1) Open Google Chrome (must use this browser)
- 2) Go to [www.basccbroward.com](http://www.basccbroward.com)
- 3) Click "Summer Camp Online Application"



- 5) Click the icon to go to application site



- 4) Select the school at the bottom

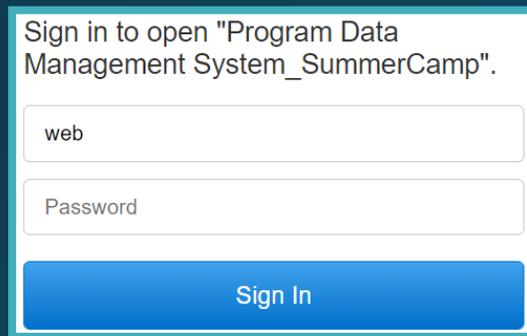


A screenshot of a form for selecting a school. The form has a "School" label and a dropdown menu with "All" selected. Below the dropdown is a "Submit" button. A red box highlights the dropdown menu, and a red arrow points to it from the right. Below the dropdown menu, a list of schools is visible, with "Flamingo Elementary School" selected.

# Parent Application (Parent/Guardian)

## 6) Parent login

- Login name: web
- Password: **LEAVE IT BLANK**



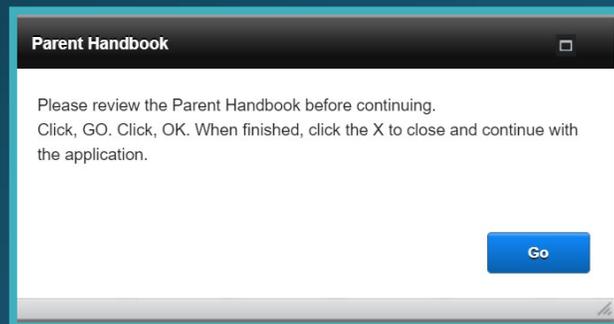
Sign in to open "Program Data Management System\_SummerCamp".

web

Password

Sign In

## 7) Read through the pop-up window and select "GO"

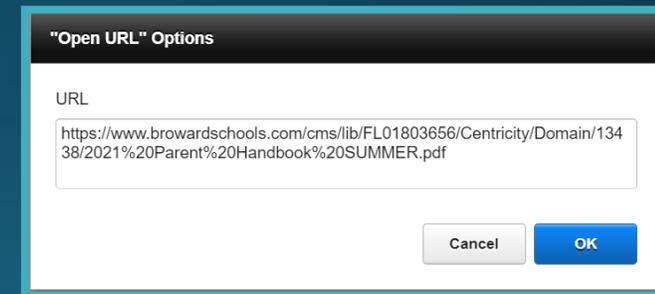


Parent Handbook

Please review the Parent Handbook before continuing.  
Click, GO. Click, OK. When finished, click the X to close and continue with the application.

Go

- ## 8) Read through the pop-up window and select "OK" (this will open the parent handbook in a pop-up window, which they can save it)



"Open URL" Options

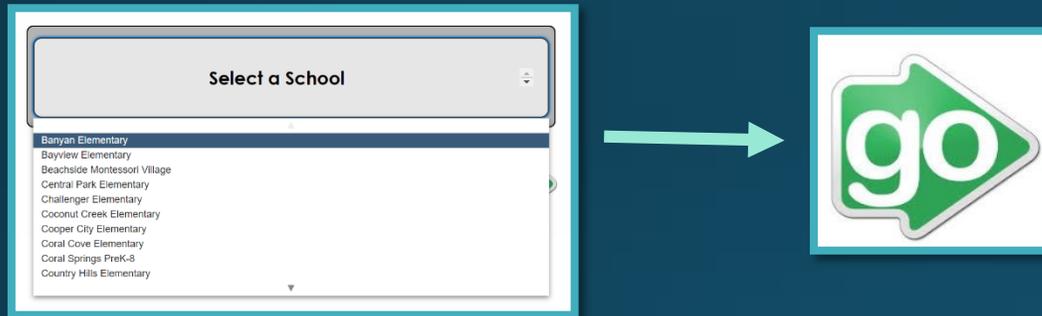
URL

<https://www.browardschools.com/cms/lib/FL01803656/Centricity/Domain/13438/2021%20Parent%20Handbook%20SUMMER.pdf>

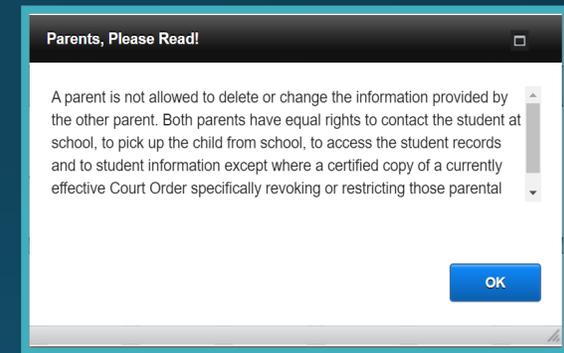
Cancel OK

# Parent Application

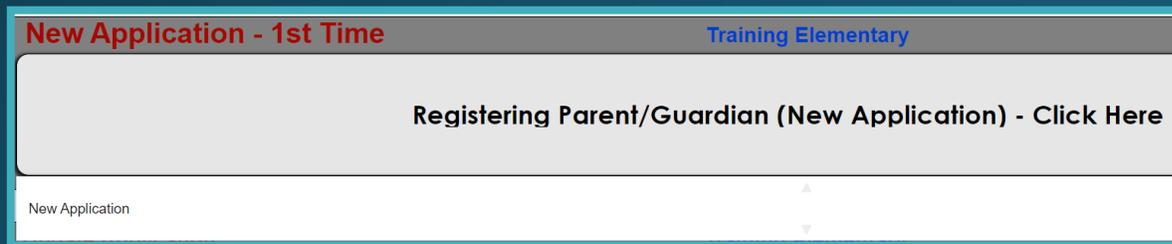
9) Click “Select a school button” and choose your school. After that, select the “Go” button.



11) Read through the pop-up window and select “OK”

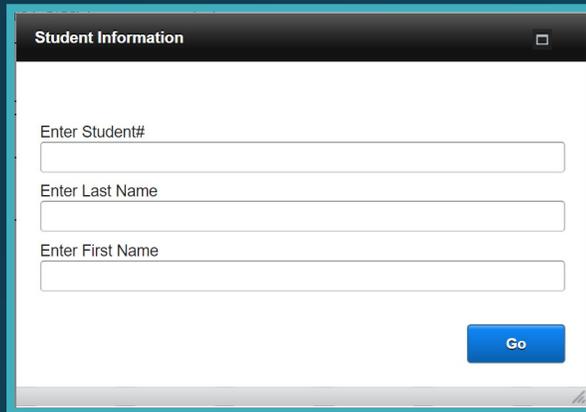


10) Select “Registering Parent/Guardian – Click Here”



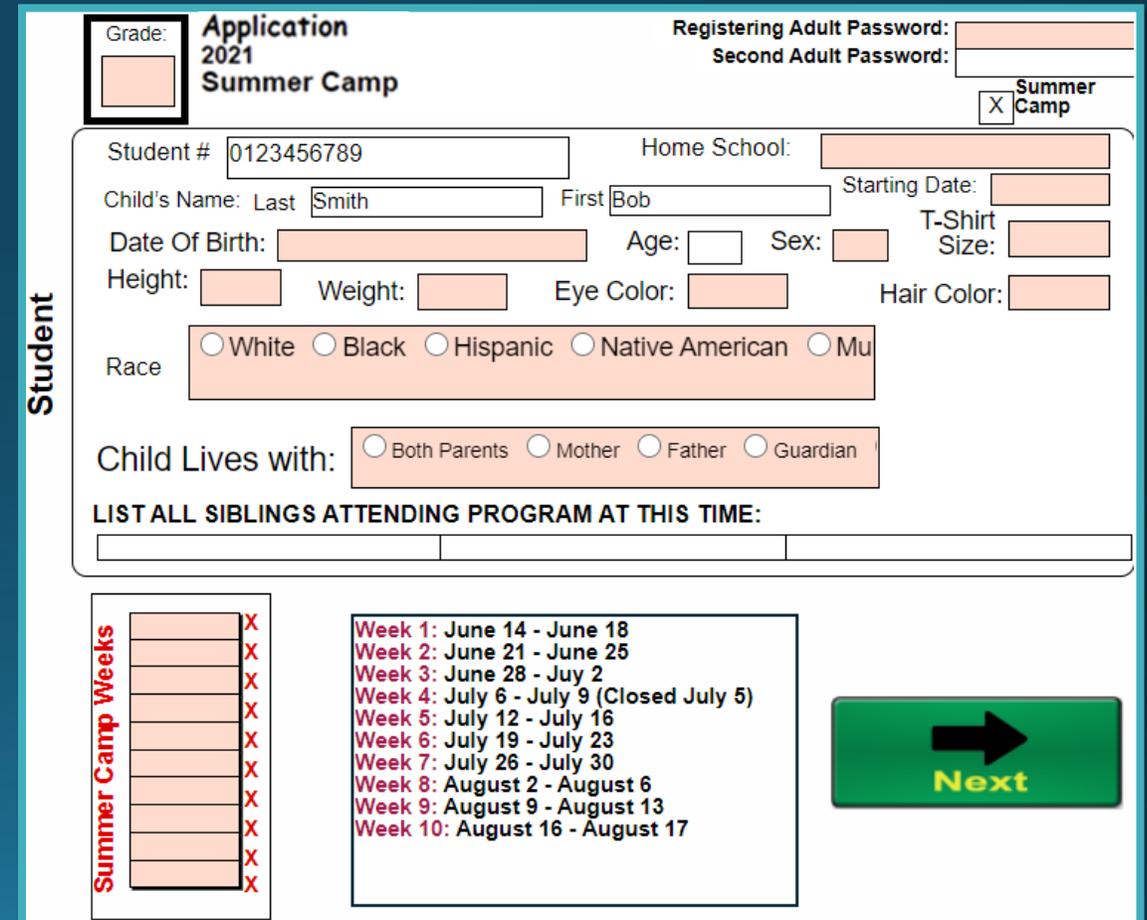
# Parent Application

12) Enter student information on all fields.



A screenshot of a web form titled "Student Information". It contains three input fields: "Enter Student#", "Enter Last Name", and "Enter First Name". A blue "Go" button is located at the bottom right of the form.

13) Fill out all the fields then select "Next". All the pink fields are required.



A screenshot of a web form titled "Application 2021 Summer Camp". The form is divided into several sections:

- Grade:** A pink box with a white border, containing the number "1".
- Registering Adult Password:** A pink input field.
- Second Adult Password:** A pink input field.
- Summer Camp:** A pink checkbox with an "X" inside, labeled "Summer Camp".
- Student #:** A pink input field containing "0123456789".
- Home School:** A pink input field.
- Child's Name:** Last name "Smith" and First name "Bob" in pink input fields.
- Starting Date:** A pink input field.
- Date Of Birth:** A pink input field.
- Age:** A pink input field.
- Sex:** A pink input field.
- T-Shirt Size:** A pink input field.
- Height:** A pink input field.
- Weight:** A pink input field.
- Eye Color:** A pink input field.
- Hair Color:** A pink input field.
- Race:** Radio buttons for "White", "Black", "Hispanic", "Native American", and "Mu".
- Child Lives with:** Radio buttons for "Both Parents", "Mother", "Father", and "Guardian".
- LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:** A pink input field.
- Summer Camp Weeks:** A vertical list of 10 pink boxes, each with an "X" to its right.
- Weeks:** A list of 10 weeks with their respective dates: Week 1: June 14 - June 18, Week 2: June 21 - June 25, Week 3: June 28 - July 2, Week 4: July 6 - July 9 (Closed July 5), Week 5: July 12 - July 16, Week 6: July 19 - July 23, Week 7: July 26 - July 30, Week 8: August 2 - August 6, Week 9: August 9 - August 13, Week 10: August 16 - August 17.
- Next:** A green button with a black arrow pointing right and the word "Next" in yellow.

# Parent Application

14) Fill out all the fields then select "Next".  
All the pink fields are required.

**Application 2021 Summer Camp**

Student #  Child's Name:

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

**Registering Adult**

Name (First)  (Last)  HomePhone   
Cell Phone   
Primary Address  Cell Phone Provider   
Work   
City  State  Zip

[Click here if the Registering Adult address, is the same as the Second Adult.](#)

**Second Adult**

Name (First)  (Last)  HomePhone   
Cell Phone   
Second Address  Cell Phone Provider   
Work   
City  State  Zip

List Email Addresses:

Can your child be photographed?  Yes  No

**Next**

15) Fill out the fields then select "Next".

**Application 2021 Summer Camp**

Student #  Child's Name:

Family Doctor:  Doctor Phone#:

**Medical Conditions**

*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,

**Next**

# Parent Application

16) Fill out all the fields then select "Next".

- Email verification and Signature (Print Name) must be filled out.
- Must have at least one other authorized release/contact that aren't the parents/guardians.
  - If they do not have an alternative pickup, they must put Broward Sheriff Office (BSO).

## Application 2021 Summer Camp



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
Jimmy Smith	Brother		888-888-8888

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

Print Name Tom Smith

Relationship  
to child

Father

Date 3/29/21

Application #: **0701009515**

Thank you for submitting an application to enroll your child in a Summer Camp 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: azhar.khan@browardschools.com

Email Verification: azhar.khan@browardschools.com

Upon entering the program, all students begin a two-week trial period. If the program cannot meet the student's needs, the student may be withdrawn.

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

Signature (Print Name): Tom Smith

Authorized  
Release/Contact  
for Parent/  
Guardian 1

  
Next

# Parent Application

17) Fill out all the fields then select “Next”. All the pink fields are required.

Student # 0123456789 Child's Name: Bob Smith  
Home School Training Elementary Date: 06/14/2021

**By initialing and signing this form, I acknowledge that I have read and understand the following:**

The policies and procedures that have been outlined in the Parent Handbook 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:**

I must present my photo identification for pick-up verification.

I must notify the supervisor, directly, if my child will not be attending the program.

My child will be expected to behave in accordance with the "Code of Student Conduct" for Broward County Public Schools.

All payments for Before and After School Child Care Programs must be made in advance of receiving childcare.

Failure to pay in advance will result in dismissal from the program. Payment due dates are given to parent/guardians upon registration. Fees must be paid on or before the scheduled, "Last Day to Pay"

I must 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. These fees must be paid prior to the next period payment.

If my child is on the Broward Free/Reduced Meal Program, funds may be available for partial summer scholarship. It is my responsibility to request this information and provide necessary documents for the application.

It is my responsibility to keep my own records and receipts for income tax purposes.

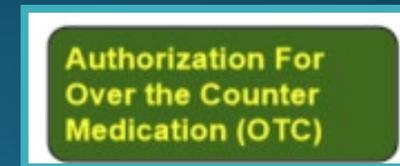
It is my responsibility to follow SBBC COVID-19 guidelines.

**I agree that my electronic signature is legal and binding. It is equivalent of my handwritten signature:**

Parent/Guardian Signature:  Date: 03/29/2021

18) Once the fields in step 18 are filled out, it will make the application “active”. If it is marked with an “I”, the parent will need to review and complete any required fields that are missing.

- By clicking “Authorization For Over-the-Counter Medication” button, you will access that form and the “Media Release” form (these forms aren’t mandatory)



# Parent Application (Authorized for OTC button)

19) Select “Yes, I agree” to insert the parent signature. Once completed, click “Next”.

20) Checkmark a selection in each section. Once completed, click “Complete Application”

- If nothing is selected, it will default to choice 1

Registration 2021 Summer Camp

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
 Coordinated Student Health Services, 1400 NW 14<sup>th</sup> Court, Ft. Lauderdale, FL 33311

**All Grades**

Authorization for Over-The-Counter (OTC) Topical Products with Parental Approval Only  
 I agree that my electronic signature is legal and binding. It is equivalent to my handwritten signature:

Void if Altered  
 Effective for Summer 2021

**INSTRUCTIONS:** Each section must be completed by parent/guardian for student to self-carry and self-administer any of the listed Over-the-Counter Topical Products with parental approval only. The form is void if any section is incomplete.

**I. Student/Parent Information**

Student's Name: Bob Smith	Birth Date: 04/21/2015	Allergies:	Grade:
Parent/Guardian (Print Name): Tom Smith	Address: 123 Fake Street, Pembroke Pines, FL 33027		
Home Phone:	Work Phone:	Other Phone: 345-678-9101	

To Be Completed By Parent/Guardian

**NO AEROSOL OR PUMP PRODUCTS PERMITTED**

<p><b>Bug, Insect &amp; Mosquito Repellent</b></p> <p>Self-carry and Self-administration of Wipes, Towelettes or Lotions only</p> <p>Parent Signature: _____</p> <p><input type="radio"/> Yes, I agree.</p>	<p>Administer according to the manufacturers label</p>
<p><b>Sunscreen Product</b></p> <p>Self-carry and Self-administration</p> <p>Parent Signature: _____</p> <p><input type="radio"/> Yes, I agree.</p>	<p>Administer according to the manufacturers label</p>

**Parental Permission (To be completed by Parent/Guardian only)**

By signing below, I (the parent or legal guardian) understand that the over-the-counter topical products with parent only permission will be administered by the student and not by healthcare personnel. I take full responsibility that the topical product that I have signed for is age appropriate. I understand that I may permit my child to self-carry and self-administer the above listed topical products and I assumed full responsibility for any consequences resulting from topical products administration by my son/daughter. I understand that all topical products must be carried on self in the original sealed container, clearly labeled with the student's full name. I understand and have discussed with my son/daughter that if he/she sells or transmits this topical product he/she will be consequence based upon the District's Discipline Matrix. By signing this form, I assume full responsibility of any consequence resulting from the administration of above listed topical products. I am also releasing The School Board of Broward County, Florida, from any liability that results in my son/daughter selling or transmitting the topical products identified above.

Name of Parent/Legal Guardian (Please Print): **Tom Smith**

Signature of Parent/Legal Guardian (please print): \_\_\_\_\_  Yes, I agree.

Home Phone: \_\_\_\_\_ Business/Mobile Number: 345-678-9101 Email Address: [szharkhan@browardschools.com](mailto:szharkhan@browardschools.com)

**Next**

**Before & After School Child Care (BASCC) Media Release Form (SummerCampOnly)**

As a parent of a student enrolled in a BASCC program, I understand that my child may be photographed, videotaped or interviewed by the news media or by the School District for informational and/or promotional purposes. I understand that pictures and interviews may be used on the District's website, in School District publications, external publications and electronic/social media as indicated below.

**You Must Make a Choice in Both Section A and Section B**  
 (If no choice is marked in both sections, then the choice will default to Choice #1)

**Section A - External Outlets/Media**

Please Check Choice #1 or Choice #2

1 I WILL permit my student to be photographed, videotaped, and/or interviewed by the news media when the news media has secured proper authorization from Broward County Public Schools.

2 I WILL NOT permit my student to be photographed, videotaped, and/or interviewed by the news media.

**Section B - BASCC Programs - Broward County Public School**

Please Check Choice #1 or Choice #2

1 I WILL permit my student to be photographed, videotaped, and/or interviewed for school publications, such as newsletters, school program and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors. I understand the District may be required to release this information if requested by the media or other members of the public (i.e., public records requests). *Note: Student's name and grade, teacher's name, and school's name may be released in order to facilitate school-based publications.*

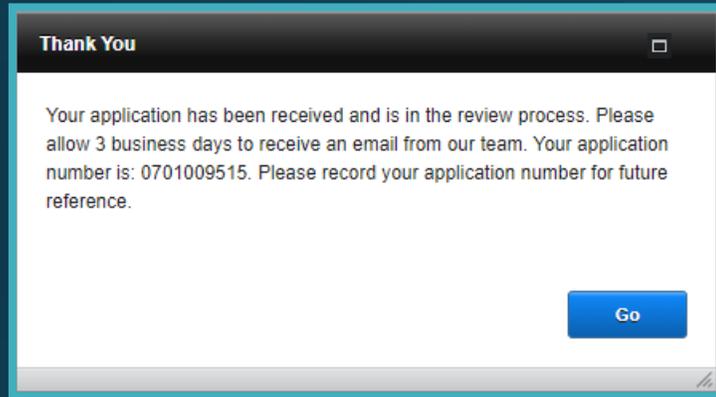
2 I WILL NOT permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school newsletters, school program and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors.

Bob Smith Student Name (PRINT)	Bob Smith Student Signature	03/29/2021 Date
Tom Smith Parent Guardian (PRINT)	Tom Smith Parent/Guardian Signature	03/29/2021 Date

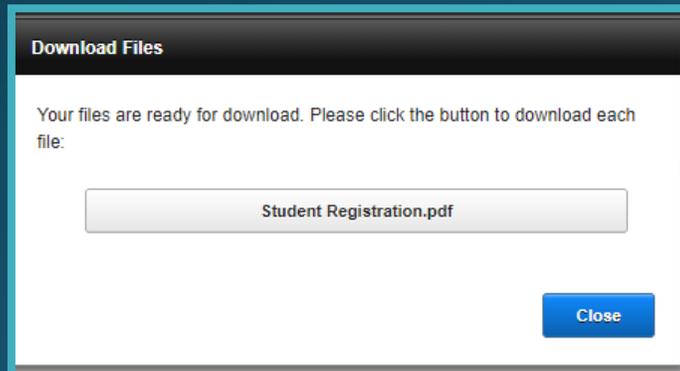
**Complete Application**

# Parent Application

21) Read pop-up then select "Go".



22) The parent can download a pdf copy of the student application to their electronic device.



Example of application:

A screenshot of a registration form for a summer camp. The form is titled "Registration" and includes fields for "Grade" (2021), "Summer Camp", and "Registering Adult Password" (buffalo12). The form is divided into several sections: "Student", "Second Adult Registering Adult", "Medical Conditions", and "Authorized Release/Contact".

**Student Information:** Student # 0618133313, Home School: Flamingo, Child's Name: Last Driscoll, First Ryan, Starting Date: 8/14/21, D/O/B: 06/27/2013, Age: 7, Sex: M, T-Shirt Size: M, Height: 53in, Weight: 65, Eye Color: Brown, Hair Color: Brown, Race: White, Child Lives with: Both Parents.

**Second Adult Registering Adult Information:** Name (First) Jennifer, (Last) Driscoll, HomePhone: 954-257-8892, Primary Address: 13810 Appalachian Trail, City: Davie, State: FL, Zip: 33325.

**Medical Conditions:** Family Doctor: Dr. Millon, Doctor Phone#: 954-5813100. Questions about medical concerns, allergies, medications, and special needs are answered with "No".

**Authorized Release/Contact:** A table listing contacts for Jennifer Driscoll (Mom, 954-257-8892), Mark Driscoll (Dad, 954-658-9327), Pat Dejong (Grandma, 954-478-8758), and Roberta Huffman (Grandma, 954-445-7708).