

## **Stephen Foster Elementary School Morning Care Application Instructions**

In your Google Chrome browser, access the following link: <u>https://tinyurl.com/experienceAM</u>

1. Type "web" in the Account Name field. Then click "Sign In".

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

web		
Password		
	Sign In	

2. Click "Go".

© Sumr	ner Experience Morning
	Welcome to the Summer Camp AM Program Data Management

3. Scroll down and click to select Stephen Foster Elementary



BROWARD County Public Schools

## 4. Click "Go".

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Summer Experience Morning Stephen Foster Elementary							
Stephen Foster Elementary	GO/IR VAI/ALE						
	BROWARD County Public Schools						

5. Click on "New Application".



## 6. Select the preferred language.



7. Complete the required fields and click "Complete Application".

	Student #			
ent	Child's Name: Last	First		
nde	DOB Grade Level for the	e current year	Student Information	
St	What time will the student arrive?			1
nt	Name (First)	(Last)		
are	Home Phone Cell Phone		Enter Student#	
ē.				
	Important medical concerns we should be aware o	f (conditions, med	Enter Last Name	_
ns	Does your child have any medical concerns?	If Yes,		
itio	Does your child have allergies?	If Yes,	Enter First Name	
ond	Does your child take any medications?	If Yes,		
al C	Does your child have any special concerns we need to	be aware of?		
edic	Does your child have any special needs we should	I be aware of?	Go	
Š	Does your child receive any special services during th	e school day?		1
			Complete Application	