

Student

Student # Home School:
Child's Name: Last First Starting Date:
D/O/B: Age: Sex: T-Shirt Size:
Height: Weight: Eye Color: Hair Color:
Race ☐ White ☐ Black ☐ Hispanic ☐ Native American ☐ Multiracial ☐ Asian ☐ Other
Child Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Shared Custody ☐ Other
LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:

Second
Adult
Registering
Adult

Are you a Broward County School Employee? ☐ Yes ☐ No

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

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

List Email Addresses:

Can your child be photographed? ☐ Yes ☐ No

Medical
Conditions

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, What? Where?
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,

Registering
Adult
Authorized
Release/Contact

Name	Relationship	Home Phone	Work or Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Signature Print Name Relationship to child Date

Second
Adult
Authorized
Release/Contact

Name	Relationship	Home Phone	Work or Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Signature Print Name Relationship to child Date

**Registration
2023
Summer Camp**

Student # _____ Child's Name: _____

Home School _____ Date: _____

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 Summer Camp 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.

☐ 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.

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

Parent/Guardian Signature: _____

Date: _____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Coordinated Student Health Services, 1400 NW 14th 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 2023

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: _____ **Birth Date:** _____ **Allergies:** _____ **Grade:** _____

Parent/Guardian (Print Name): _____ **Address:** _____

Home Phone: _____ **Work Phone:** _____ **Other Phone:** _____

To Be Completed By Parent/Guardian

NO AEROSOL OR PUMP PRODUCTS PERMITTED

Bug, Insect & Mosquito Repellent

Self-carry and Self-administration of Wipes,
Towelettes or Lotions only

Parent Signature: _____

Administer according to the manufacturers label

Sunscreen Product

Self-carry and Self-administration

Parent Signature: _____

Administer according to the manufacturers label

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 consequence 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): _____

Signature of Parent/Legal Guardian (please print): _____

Home Phone: _____ **Business/Mobile Number:** _____ **Email Address:** _____

Application 2023 Summer Camp

Before & After School Child Care (BASCC) Media Release Form (Summer Camp Only)

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 Mark 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.

Student Name (PRINT)

Student Signature

Date

Parent Guardian (PRINT)

Parent/Guardian Signature

Date

Application #:

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:

- 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: _____

Email Verification: _____

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): _____