



## AFTER SCHOOL PROGRAM CHECKLIST

*Please initial next to the number to indicate that you've read and agree to comply with each policy.*

1. \_\_\_\_\_ After School Attendance Behavior Policy
2. \_\_\_\_\_ After School Program Child Information Form (The Children's Trust)
3. \_\_\_\_\_ After School Program Child Information Form (Town of Cutler Bay)
4. \_\_\_\_\_ After School Program General Agreement/Release
5. \_\_\_\_\_ Attendance Policy
6. \_\_\_\_\_ Authorization for Photography/Video
7. \_\_\_\_\_ Authorization for Release of Information
8. \_\_\_\_\_ Client Confidentiality Policy
9. \_\_\_\_\_ Emergency Medical Authorization
10. \_\_\_\_\_ General Agreement Release
11. \_\_\_\_\_ Getting to Know Me
12. \_\_\_\_\_ Information on Reporting About Children With Disabilities
13. \_\_\_\_\_ Know Your Child Care Facility Flyer
14. \_\_\_\_\_ Late Pick Up Policy
15. \_\_\_\_\_ Participant Registration Requirements
16. \_\_\_\_\_ Permission to Transport
17. \_\_\_\_\_ Policies and Procedures Handbook

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



TOWN OF CUTLER BAY  
Parks & Recreation  
Cutler Ridge Park After School Program

**REGISTRATION FORM 2025-2026 SCHOOL YEAR**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Child's Date of Birth (MM/DD/YYYY) 

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 Child's Gender ☐ Male ☒ Female

Medical Conditions: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Current School \_\_\_\_\_ Child's Current Grade 

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Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Primary Phone 

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 Other Phone 

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**Emergency Contact and Authorized Pick-up**

Name \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

Name \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

Name \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

Name \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

**Initial each line below.**

\_\_\_\_\_ Your child will not be released to anyone under the age of 18 years old.

\_\_\_\_\_ A late pick-up fee of \$1.00 per minute will be charged for pick up after 6:01 p.m.

\_\_\_\_\_ Registration fee is \$100 per child per school year (non-refundable)

\_\_\_\_\_ Monthly fee is \$50 per child (September 2025– May 2026) fees are not refundable for missed days or absences.

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. The Children's Trust provides funding for the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



TOWN OF CUTLER BAY  
Parks & Recreation  
Cutler Ridge Park After School Program

## GENERAL AGREEMENT / RELEASE

I, \_\_\_\_\_, (print name) do hereby:

1. Assume all risk of possible damage or injury through my child's participation in Town of Cutler Bay recreational programs.
2. Agree to compensate the Town of Cutler Bay for any repair and/or replacement costs for damage to the facility or equipment because of my child's misuse of the equipment.
3. Agree to indemnify and hold harmless the Town of Cutler Bay and/or its departments, agents or employees from all liability, claims, suits, losses, damages including attorney's fees at the trial and appellate court level, paralegal fees and investigative costs for injury to person or property arising out of my child's participation in the requested program.
4. Understand and agree to abide by all applicable rules and regulations as set forth by the Parks and Recreation department. I further understand that my child may be suspended/expelled from the program, and I may forfeit my child's participation if my child fails to abide by these rules and regulations or any other reasonable request from the Town of Cutler Bay staff.
5. Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility",
6. Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the Town of Cutler Bay.
7. I have received the brochure on "Influenza Virus, The Flu, A Guide to Parents".

**Your signature below indicates that the above information is correct and that you have received and understand the rules and regulations governing this program.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Parks & Recreation Official: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



# Annual Child/Youth Participant Information Form (fill front and back)

TO BE UPDATED IN AUGUST FOR EVERY NEW SCHOOL YEAR

Child/Youth Name

Last

First

Middle

Child/Youth Date of Birth

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

Child/Youth Gender

☐ Female ☐ Male  
☐ Prefer not to answer

Child/Youth Race/Ethnicity (please select only one)

☐ Biracial or Multiracial ☐ Hispanic  
☐ Black non-Hispanic/African American ☐ Haitian  
☐ White non-Hispanic ☐ Other  
☐ Prefer not to answer

Mark all languages your child/youth speaks

☐ English ☐ Spanish ☐ Haitian Creole ☐ Other: \_\_\_\_\_

Child/Youth Current Grade Level (for summer, select the last grade completed - please select only one)

☐ Child under 5/not in school ☐ Pre-K ☐ Kindergarten  
☐ Grade 1-12 (specify) \_\_\_\_\_  
☐ Attending College ☐ Not in school

Miami-Dade County Public Schools ID# (all students attending public or charter schools must have a school ID#)

\_\_\_\_\_  
☐ No M-DCPS ID #

Current School

\_\_\_\_\_

Home

Address

Street

City

ZIP Code

Caregiver Name

Last

First

Caregiver Phone Number

(\_\_\_\_) \_\_\_\_ - \_\_\_\_

Is this a cell/mobile phone? ☐ Yes ☐ No

Caregiver Email address

Caregiver preferred language for contact from The Children's Trust (please select only one)

☐ English ☐ Spanish ☐ Haitian Creole

Please note that The Children's Trust may contact you via postal mail, email and/or text to ask about your satisfaction with services, and to make you aware of other Trust-funded programs, initiatives and events that may interest you.

How did you hear about this program? \_\_\_\_\_

As part of my child's voluntary participation in this program, I give my permission for the information collected through this program to be submitted to The Children's Trust for program evaluation and quality purposes. The Children's Trust provides funding for the program to operate and follows strict data privacy protections for the information collected (for example, following the Family Educational Rights and Privacy Act/FERPA guidelines).

Parent/Guardian Signature

Date Signed

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

We want to get to know your child better so that we can provide the best possible experience in our programs. The questions on the next page address your child's need for assistance, any conditions or challenges, their communication methods, and the support they receive. **This information is used to ensure that children and youth of all abilities are welcomed and supported in programs funded by The Children's Trust.**

ORGANIZATION \_\_\_\_\_ SITE \_\_\_\_\_

## Annual Child/Youth Participant Information Form (fill front and back)

TO BE UPDATED IN AUGUST FOR EVERY NEW SCHOOL YEAR

To support your child/youth's successful participation in this program, in what areas might they need extra assistance?

- ☐ Academic and learning supports, such as reading or understanding basic instructions
- ☐ Managing feelings and behavior, such as needing extra support or structure
- ☐ Chronic health condition management, such as using an epi pen, inhaler, or other medications
- ☐ Fine motor tasks, such as holding a crayon/pencil, writing, or using scissors
- ☐ Gross motor tasks, such as sports or physical activities like running
- ☐ Adapting activities to consider visual, speech, or hearing needs
- ☐ Using assistive device(s) like a wheelchair, crutches, brace, or walker
- ☐ Personal services, such as help with feeding, toileting, or changing clothes
- ☐ Other \_\_\_\_\_

☐ No specific help needed

**If you noted any areas of extra assistance needed, please be sure to speak individually with the program staff about your child's needs and how the program can meet them.**

**What conditions does your child/youth have that are expected to last for a year or more?** (mark all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Developmental delay (only if under age 5)   | <input type="checkbox"/> Managing aggression or temper                                   |
| <input type="checkbox"/> Intellectual/developmental disability (over age 5)  | <input type="checkbox"/> Managing attention and hyperactivity (ADHD)                     |
| <input type="checkbox"/> Learning disability (over age 5)  | <input type="checkbox"/> Depression or anxiety   |
| <input type="checkbox"/> Autism spectrum disorder  | <input type="checkbox"/> Speech or language condition                                    |
| <input type="checkbox"/> Deaf or hard of hearing   | <input type="checkbox"/> Blind or low vision   |
| <input type="checkbox"/> Medical condition or illness (like asthma, diabetes, epilepsy/seizures, severe allergies) | <input type="checkbox"/> Other condition lasting one year or more (please specify) _____ |
| <input type="checkbox"/> Physical disability or impairment   | <input type="checkbox"/> No conditions lasting one year or more                          |

Do any of the conditions noted make it harder for your child/youth to do things that others of the same age can do?

- ☐ Yes, it is harder for them      ☐ No, it is not harder for them      ☐ N/A, no conditions noted

**What are the main ways in which your child communicates?** (mark all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Speaks and is easily understood                     | <input type="checkbox"/> Uses gestures or expressions like pointing, pulling, smiling, frowning, or blinking |
| <input type="checkbox"/> Speaks but is difficult to understand               | <input type="checkbox"/> Uses sounds that are not words like laughing, crying, or grunting                   |
| <input type="checkbox"/> Uses communication devices like pictures or a board |  |
| <input type="checkbox"/> Uses sign language                                  |  |

**What, if any, help does your child/youth receive at this time?** (mark all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral therapy or services  | <input type="checkbox"/> Occupational therapy (OT)                                  |
| <input type="checkbox"/> Counseling for emotional concerns   | <input type="checkbox"/> Physical therapy (PT)                                      |
| <input type="checkbox"/> Daily medication (not including vitamins)                                   | <input type="checkbox"/> Speech/language therapy                                    |
| <input type="checkbox"/> Exceptional student education services in school through an IEP or 504 plan | <input type="checkbox"/> None of the above are needed at this time                  |
|  | <input type="checkbox"/> At least one of these services are needed but not received |

If you are interested in other community services or resources, you can call the **211 Miami Helpline**, visit [211miami.org](http://211miami.org), or learn more about **The Children's Trust programs** at [www.thechildrenstrust.org](http://www.thechildrenstrust.org). For special needs resources for individuals with disabilities and their families, visit [www.advocacynetwork.org/services/individual-family-support](http://www.advocacynetwork.org/services/individual-family-support) or [www.thechildrenstrust.org/cwd](http://www.thechildrenstrust.org/cwd).



## EMERGENCY MEDICAL AUTHORIZATION

The following is the Town of Cutler Bay, After School Program Emergency Medical policy and procedures for addressing emergency medical situations.

The following steps will be taken by park staff in the event of injuries:

### Non-Life-threatening injuries:

1. Assist or bring the injured child to the park office or first-aid room at the pool.
2. Notify a staff member that is first-aid certified to administer the appropriate first-aid treatment as necessitated by the injury.
3. Notify parent/guardian and supervisor of incident.
4. Complete accident/incident report.
5. Send a copy of the incident report for major accident to The Children's Trust.

### Life-threatening injuries:

6. 911 will be called immediately.
7. Find a staff member that is CPR and first-aid certified for "first responder" treatment.
8. Notify parent/guardian (in their absence, notify the first person listed on the child's "Emergency Contact and Authorized Pick-Up List").
9. Notify supervisor.
10. Meet Fire Rescue or Police Officer in the park parking lot and direct them to the injured child.
11. Complete accident/incident report.
12. Send a copy of the incident report for major accident to The Children's Trust.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
(Print parent/guardian name) (Print child's name)

do hereby authorize the Town of Cutler Bay to provide for emergency medical treatment as indicated above for:

\_\_\_\_\_  
(Print child's name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)



## AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, \_\_\_\_\_, the parent or guardian of

\_\_\_\_\_, hereby authorize and give consent to the staff of Town of Cutler Bay and The Children's Trust of Miami-Dade County and/or its funded service providers as follows:

I hereby:

☐ **consent and authorize**

**OR**

☐ **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County and/or its funded service providers to take/use still photographs, digital photographs, motion pictures, television transmissions and/or videotaped recordings (hereinafter "Recordings") of me, my children or my wards for educational, research, documentary and public relations purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Town of Cutler Bay and The Children's Trust and its funded service providers.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Town of Cutler Bay and The Children's Trust of Miami-Dade County and its staff, funded service providers, employees, agents, affiliates and board members.



## AUTHORIZATION FOR RELEASE OF INFORMATION

**Note:** The Town of Cutler Bay partners with various agencies in order to provide the highest quality of service to participants of our Youth Programs. This form allows the Town to exchange information with our partners that is relevant to the delivery of service such as contact information and disclosed medical conditions (allergies, physical limitations, differing learning abilities, etc.). We will not disclose any information without the parent/guardian's authorization to release.

I, \_\_\_\_\_, hereby AUTHORIZE the Town of Cutler Bay to Release/Exchange information with the following partners associated with the **Arts for Learning/Miami, Inc** (101 Grand Ave, Miami, FL 33133 | Phone: 305-576-1212) and **Flipany** (2860 W State Rd. 84, Suite 103, Dania Beach, FL 33312 | Phone: 954-357-7269).

### CLIENT INFORMATION

\_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

### SPECIFIC INFORMATION TO BE RELEASED

☐ Contact Information ☐ Progress Reports ☐ Demographics ☐ Other: \_\_\_\_\_

Please DO NOT Share the following information: \_\_\_\_\_

I understand that the specific information to be released may include, but is not limited to; history and/or treatment protected under the Privacy Act. I authorize the release of this information and understand that this authorization expires six months from date of signature, unless I specify otherwise or revoke it with a written and dated notice prior to the release of this information.

The above has been fully explained to me and I understand it.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Town of Cutler Bay, Confidential

8/31/2020





## PARTICIPANT REGISTRATION REQUIREMENTS

1. All participants must have registration forms from The Children's Trust (TCT) and the Town of Cutler Bay completed and signed by a parent/guardian prior to joining the After School Program/Summer Camp. This program is funded in part by The Children's Trust. Demographic information collected from the registration form and other required assessments will be added to The Children's Trust information systems. These tracking systems are for information purposes only to account for youth being supported with grant funding.
2. All of the information required by The Children's Trust and Town of Cutler Bay must be completed prior to the child participating in any After School Program activities.
3. If all information is not provided within one week of the child's registration, the parent/guardian will be asked to remove their child from the program until such time as the required information is made available.
4. Once each participant's required registration information is complete, the information will be entered into The Children's Trust and Town of Cutler Bay information tracking system.
5. When a child's or parent/guardian information changes, it is the responsibility of the parent/guardian to inform the After School/Summer Program staff so that the changes may be made in the appropriate tracking system(s).

I, \_\_\_\_\_, have reviewed the above stated requirements, and would like to enroll my child in the Town of Cutler Bay After School Program. I understand that this program is partially funded by The Children's Trust. I also understand that my child's demographic information and assessments required by The Children's Trust will be entered into the appropriate funding agency's information tracking system, and may be accessed at any time by The Children's Trust.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Printed Name of Child)

\_\_\_\_\_  
(Date)



## “Getting to Know Me” YD K-5

Child's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Date \_\_\_\_\_

We want to get to know your child better so that we can provide the best possible educational experience.  
No one knows your child better than you. Tell us more about your child.

**1. What are your child's favorite/least favorite toys/activities/rewards?**

**Least Favorite**

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**Favorite**

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**2. What calms your child and what upsets your child?**

**Calms**

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**Upsets**

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**3. What are your child's strengths and challenges?**

**Strengths**

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**Challenges**

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**4. How does your child communicate?**

- ☐ Verbally      ☐ Through gestures (i.e., pointing, pulling, blinking)      ☐ American Sign Language (ASL)  
☐ With vocalizations      ☐ With communication devices (i.e., pictures)  
☐ Other (please specify) \_\_\_\_\_

**5. What services does your child receive?**

- ☐ Speech/Language Therapy      ☐ Behavioral      ☐ Physical Therapy  
☐ Mental Health Counseling      ☐ Occupational Therapy      ☐ None

May we contact your service provider to better support your child? ☐ Yes ☐ No (Signed authorization form required)

**6. Does your child require assistive devices or equipment? (i.e., braces, walker, wheelchair, communication device, insulin, nebulizer)**

☐ Yes ☐ No If yes, please describe \_\_\_\_\_



## “Getting to Know Me” YD K-5

Child's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Date \_\_\_\_\_

7. Do you suspect your child has a hearing or vision problem? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

8. Which statement best describes your child's ability to move from one activity to another?

☐ Easily moves from one activity to another ☐ Needs assistance to move from one activity to another

Please explain \_\_\_\_\_

9. Does your child play/interact best (please check all that apply):

☐ Independently ☐ With another child ☐ Small group ☐ Large group ☐ Outdoors

☐ Indoors ☐ With adults ☐ Additional comments: \_\_\_\_\_

10. Do any of the following bother your child?

☐ Noise ☐ Texture (i.e., sand, water) ☐ Lights ☐ Touch (i.e., hugs)

☐ Smells ☐ Other \_\_\_\_\_

11. Does your child wander, run away or bolt? ☐ Yes ☐ No

If yes, what situations precede this behavior? \_\_\_\_\_

12. Is your child able to do the following activities by him/herself?

Use the toilet ☐ Yes ☐ No Walk/move about ☐ Yes ☐ No

Eat ☐ Yes ☐ No Wash his/her hands ☐ Yes ☐ No

If no, please describe what assistance is needed: \_\_\_\_\_

13. Does your child take medication? ☐ Yes ☐ No

Medication side effects staff should be aware of: \_\_\_\_\_

Is there anything else you would like to share about your child (i.e., allergies, diet, seizures, nosebleeds)?

\_\_\_\_\_  
\_\_\_\_\_



## PERMISSION TO TRANSPORT

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ grant permission for my child to be transported in a motor vehicle hired by Town of Cutler Bay, approved bus service, or a program van driven by a Town of Cutler Bay employee. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and /or other adult staff members or volunteers. I agree on behalf of myself, child named herein, and our heirs, successors and assigns to hold harmless and defend Town of Cutler Bay, agents and any funding agencies, from any and all actions, claims, demands, damages, costs, expenses, an all consequential damage arising from or in connection with my child being transported by Town of Cutler Bay employees or an approved bus service.

I have read this entire waiver and permission form, and fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **LATE PICK-UP POLICY**

1. The After School Program ends at 6:00pm Monday through Friday. There is a late fee of \$1 per minute after 6:01pm.
2. Your child will not be left unattended. A staff member will stay until your child is picked up.
3. If you know you are going to be late, please call the park at (305) 233-5472 and let the staff know.
4. When a child is not picked up by 6:00 pm, Park staff will attempt to contact the child's parents to determine their estimated time of arrival.
  - A. In the event that a parent cannot be contacted, Park staff will attempt to contact the first person indicated on the "Emergency Contact and Authorized Pick-Up" list on the child's registration form to pick up the child.
  - B. Additional calls will be made to those listed on the "Emergency Contact and Authorized Pick-Up" list until someone is contacted who can pick up the child.
  - C. If no one is able to pick up the child by 6:30 pm, a call will be placed to the Cutler Bay Police Department for assistance in making sure the child is escorted home safely.
5. Chronic lateness will result in your child's expulsion from the program.



## **ATTENDANCE POLICY**

Town of Cutler Bay, Cutler Ridge Park has established an attendance requirement for the After School Program. Each participant must follow the attendance policy which mandates that children attend at least **85 percent** of the days that the After School Program is available, or a minimum of four days per week. If you know in advance that your child will be absent on any given day, please notify the park office (by phone at 305-233-5472 or by fax at 305-233-5457), so that unnecessary time is not spent searching for your child.

In addition, it is important that once a child arrives at the park he/she is able to devote at least two hours per day to program activities such as homework, reading, fitness, social skill building and more. Please do not use the After School Program as a short-term “babysitting” service or alternative to picking your child up at school. If, in the sole opinion of the After School Program staff, your child is not spending adequate time on program activities, your child may be asked to leave the program in order to make room for a child who is in greater need of the services being offered by the program.

It is very important that all parents follow the attendance policy, so that each child may receive the full benefits that the After School Program has to offer.



## **BEHAVIOR POLICY**

### **RULES (for participants):**

1. Keep your hands and feet to yourself. No fighting or bullying. Do not touch other people or their belongings.
2. No stealing.
3. No lying
4. No cursing, swearing or name calling.
5. No cheating.
6. No running inside.
7. No yelling inside.
8. Wait your turn in the game room.
9. No eating or drinking inside unless you have permission.
10. If someone is bothering you tell a counselor.
11. If you need help with something (homework, game) ask a counselor.
12. Treat people the way you want to be treated.
13. Ask for permission to go to the bathroom or get water.
14. No cell phones during homework time.

### **WARNINGS:**

1. Ask the child to stop. Explain to him/her what they are doing wrong.
2. Speak to the child in private. Explain to him/her what they are doing wrong.

### **CONSEQUENCES:**

1. Timeout-Place child in timeout. Explain to him/her what they did wrong.
2. Bring child to a Supervisor.
3. Talk to parent.
4. If behavior problem continues child will be suspended from the program for three days.
5. If behavior problem continues child will be suspended from the program for one week.
6. If behavior problem continues after one week suspension, Child will be expelled from the program.
7. In extreme cases such as fighting or if a child is uncontrollable bring them to a supervisor immediately, a call to the parent will be made and a three day suspension will be given to the child.
8. Children shall not be subjected to discipline which is severe, humiliating, or frightening.
9. Discipline shall not be associated with food, rest, or toileting.
10. Spanking or any other form of physical punishment is prohibited.
11. Children may not be denied active play as a consequence of misbehavior.



## **CLIENT CONFIDENTIALITY POLICY**

The Town of Cutler Bay's records, including all information gathered in conjunction with the operation of the After School Program at Cutler Ridge Park, are governed by the State of Florida's "Public Records Law," Chapter 119 of the Florida Statutes. A copy of Chapter 119 is available in the Parks and Recreation Department office (10100 SW 200 Street, Cutler Bay, FL 33189) and in the Town Clerk's office in Town Hall (10720 Caribbean Blvd., Suite 105, Cutler Bay, FL 33189).

Section 119.071 (5) (c) specifically provides for the exemption of disclosure of certain information as follows:

Any information that would identify or help to locate a child who participates in government-sponsored recreation programs or camps or the parents or guardians of such child, including, but not limited to, the name, home address, telephone number, social security number, or photograph of the child; the names and locations of schools attended by such child; and the names, home addresses, and social security numbers of parents or guardians of such child is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Information made exempt pursuant to this paragraph may be disclosed by court order upon a showing of good cause. This exemption applies to records held before, on, or after the effective date of this exemption.





**Town of Cutler Bay Parks & Recreation**  
**AFTER SCHOOL PROGRAM**

**HANDBOOK**



# LETTER

from the

**Youth Program  
Administrator**

Dear Parent/Guardian,

We extend a warm welcome to you and your child in joining us at our 2025 / 2026 After School Program.

Made possible through in part by the funding from The Children's Trust. This K-5 program provides academic assistance, literacy development, social skills training, and physical fitness in an environment where children can safely explore, discover, and grow.

To make this the best experience for everyone, we ask that you please read this handbook thoroughly so that you understand all the rules and guidelines for this program. We have a great team of committed, caring and skilled employees that are ready to create an amazing experience for your child.

If you have any questions or concerns, please feel free to contact me via email at [edeveaux@cutlerbay-fl.gov](mailto:edeveaux@cutlerbay-fl.gov) or at (305) 233-5472 or cell 786-205-6758.

We look forward to a wonderful school year with your children.

Attentively,

**Elizabeth Deveau**

Youth Program Administrator

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## ABOUT THE TOWN'S YOUTH PROGRAMS

The Town's Parks & Recreation Department offers three programs on a yearly basis where participants receive academic assistance, literacy development, social skills training, and physical fitness in an environment where they can safely explore, discover, create, and grow.

These programs serve approximately 240 children in grades K-8 and are funded in part by The Children's Trust. Our programs include:

- **After-School Program** (*ages 5-12*): The Town has successfully operated the After-School program since 2009. The program offers recreational and evidenced based activities to assist youth aged 5-12 in improving academically, developing appropriate social skills and adopting an active lifestyle.
- **Careers in STEM Summer Camp** (*grades 6-8*): Through the support of The Children's Trust, our FREE Careers in STEM Summer Camp hosts children entering grades 6 through 8 (middle school). During this six-week summer camp, participants learn to build and program a robot while discovering the world of robotics and engineering. Participants also have the potential to earn an Introduction to Robotics Certification from Carnegie Mellon University's Robotics Academy. The program ends with a Robotics Exhibition, where participants display their robotic creations. Additional enrichment activities include educational field trips, career exploration, group STEM activities and presentations, and fitness and nutrition education. Program registration typically opens around April.
- **Summer Camp** (*ages 6-12*): This eight-week Summer Camp for youth ages 6-12 is broken down into two-week sessions. Campers enjoy swimming lessons, arts & crafts, fitness activities, indoor and outdoor activities, weekly field trips, and much more. Program registration typically opens around April.

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## ATTENDANCE

It is very important that all parents follow the attendance policy, so that each child may receive the full benefits that the Youth Program has to offer.

The Town of Cutler Bay has established an attendance requirement for the grant funded after-school and summer camp programs. Each participant must follow the attendance policy which mandates that **children attend at least 85 percent of the days that the Program is available, or a minimum of four days per week**. If you know in advance that your child will be absent on any given day, please notify the program office as soon as possible.

If, in the sole opinion of the Town's Program Staff, your child is not spending adequate time on program activities, your child may be asked to leave the program to make room for a child who is in greater need of the services being offered by the program.

## PARENT DROP-OFF/PICK-UP POLICY

The Town of Cutler Bay does not provide daily transportation to and from the After School Program. Please follow the general operating hours for your child's program to ensure that the child is never left unattended.

### Drop-Off Policy

- Please inform the Town on how your child will arrive to the program.
- Do not drop your child off before the posted program hours.
- Please ensure that your child arrives to the program as close to the start time as possible.

### Pick-Up/Late Pick-Up

- Please arrange to have your child picked up at the end of the program.
- Your child will not be left unattended. A staff member will stay until your child is picked up
- If you know you are going to be late, please call the program office to let staff know.
- When a child is not picked up at the end of the program, Park staff will attempt to contact the child's parents to determine their estimated time of arrival.
- If a parent cannot be contacted, Park staff will attempt to contact the first person indicated on the "Emergency Contact and Authorized Pick-Up" list on the child's registration form to pick up the child. Additional calls will be made to those listed on the "Emergency Contact and Authorized Pick-Up" list until someone is contacted who can pick up the child.
- If no one can pick up the child after 30 minutes from the end of the program, a call will be placed to the Cutler Bay Police Department for assistance in making sure the child is escorted home safely.
- Chronic lateness will result in your child's expulsion from the program.

## **BEHAVIOR MANAGEMENT POLICY PART I**

The Town's staff will use positive behavior management techniques that are developmentally appropriate and adhere to the Town's core values of leading by example, honesty, courtesy and respect, and continuous improvement. We abide by the following guidelines:

### **Behavior Management Techniques**

Town Staff will:

- Involve the children in the development of the "house rules."
- Maintain consistent behavior expectations and reinforce Core Values
- Guide children by setting clear, consistent, fair limits for program behavior.
- Use natural and logical consequences.
- Redirect children to a more acceptable behavior or activity.
- Use positive reinforcement, including a positive behavior recognition program.
- Make eye contact and listen when children talk about their feelings and frustrations.
- Guide children to resolve their own conflicts using conflict resolution skills.
- Use effective praise that is immediate, sincere, and specific.
- Modify and structure the environment to attempt to prevent problems before they occur.

### **Discipline Action Steps**

Town Staff will utilize the following behavior management guidelines:

#### **Warnings:**

1. Ask the child to stop. Explain to him/her what they are doing wrong.
2. Speak to the child in private. Explain to him/her what they are doing wrong.

#### **Consequences:**

1. Personal Time—Remove child from situation for up to five minutes. Explain to him/her what they did wrong.
2. Bring child to a supervisor.
3. Verbal and/or written communication to parent/guardian regarding child's behavior
4. If behavior problem continues child will be suspended from the program for three days
5. If behavior problem continues child will be suspended from the program for one week
6. If behavior problem continues after one-week suspension, Child will be expelled from the program.
7. In extreme cases such as fighting or if a child is uncontrollable, bring them to a supervisor immediately, a call to the parent will be made and a three-day suspension will be given to the child.
8. Children shall not be subjected to discipline, which is severe, humiliating, or frightening

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9. Discipline shall not be associated with food, rest, or toileting.
  10. Spanking or any other form of physical punishment is prohibited.
  11. Children may not be denied active play because of misbehavior.

## **CLIENT CONFIDENTIALITY**

### **State of Florida Public Records Law:**

The Town of Cutler Bay's records, including all information gathered in conjunction with the operation of the Town's Youth Programs, are governed by the State of Florida's "Public Records Law," Chapter 119 of the Florida Statutes. A copy of Chapter 119 is available in the Town Clerk's office in Town Hall (10720 Caribbean Blvd., Suite 105, Cutler Bay, FL 33189) and in the Parks and Recreation Department office (10720 Caribbean Blvd., Suite 225, Cutler Bay, FL 33189).

Section 119.071 (5) (c) specifically provides for the exemption of disclosure of certain information as follows:

Any information that would identify or help to locate a child who participates in government-sponsored recreation programs or camps or the parents or guardians of such child, including, but not limited to, the name, home address, telephone number, social security number, or photograph of the child; the names and locations of schools attended by such child; and the names, home addresses, and social security numbers of parents or guardians of such child is exempt from s. 119.07(1) and s. 24(a), Article I of the State Constitution. Information made exempt pursuant to this paragraph may be disclosed by court order upon a showing of good cause. This exemption applies to records held before, on, or after the effective date of this exemption.

The Town of Cutler Bay partners with various agencies to provide the highest quality of service to participants of our Youth Programs. This form allows the Town to exchange information with our partners that is relevant to the delivery of service such as contact information and disclosed medical conditions (allergies, physical limitations, differing learning abilities, etc.). We will not disclose any information without the parent/guardian's authorization to release that is enclosed in the intake package. Parents/Guardians have the right to refuse authorization. This will not inhibit the child from participating in the program but may limit his/her ability to participate in the services provided by our partners. For more information about what will be shared, contact the Youth Program Coordinator.

## **EMERGENCY MEDICAL POLICY AND PROCEDURES**

The following is the Town of Cutler Bay Youth Programs' Emergency Medical Policy and Procedures for addressing emergency medical situations.

In the event of injury or a medical emergency, the following steps will be taken by Town staff:

#### Non-Life-Threatening Injuries:

- Assist or bring the injured child to an isolated area/first aid room.
- Notify a staff member that is first-aid certified to administer the appropriate first-aid treatment as necessitated by the injury.
- Notify parent/guardian and supervisor of incident.
- Complete accident/incident report
- Maintain a copy of the incident report on file. For major injuries, send a copy to partnering funding agency (i.e., The Children's Trust, Florida Department of Juvenile Justice)

#### Life-Threatening Injuries:

- 911 will be called immediately.
- Find a staff member that is CPR and first-aid certified for "first responder" treatment.
- Notify parent/guardian (in their absence, notify the first person listed on the child's "Emergency Contact and Authorized Pick-Up List")
- Notify supervisor.
- Meet Fire Rescue or Police Officer in the park parking lot and direct them to the injured child.
- Complete accident/incident report
- Maintain a copy of the incident report on file. Send a copy to partnering funding agency (i.e., The Children's Trust, Florida Department of Juvenile Justice)

### CHILD ILLNESS PROCEDURE

1. Children are observed daily for signs of illness that may be contagious.
2. Any child suspected of being contagious will be removed from his/her group and kept in the lobby on the sofa (in plain view of the front desk) until picked up. Parents will be notified based on the severity of the signs/symptoms of the suspected illness. Staff suspected of being contagious will be sent home.
3. Children suspected of being contagious will not be permitted to return without medical release or until signs of the illness are no longer present.
4. Signs of suspected contagiousness include the following:
  - Severe coughing causing redness in the face.
  - Difficult or rapid breathing (during non-strenuous activities)
  - Stiff neck (without recent physical activity)
  - Diarrhea
  - Fever
  - Pink eye (conjunctivitis)
  - Exposed open sores.
  - Yellowish skin or eyes
  - Head lice (a child with head lice will not be allowed to return until verifiable treatment has occurred)
5. Town Staff will contact the parents of children suspected of being contagious and will check on the progress of the child until the child is picked up.



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6. Town Staff will not be responsible for administering any medication to the children in the Youth Program. Should the child become unable to administer emergency medications, only then will Town staff administer medications such as an epi-pen to prevent further reactions or injury.

## MEDICINE DISPENSING POLICY

There are two categories that prescription medications are classified as relates to their management and policy at Cutler Bay parks:

1. Prescription medications that must be taken at a specific time on a prescribed basis.
2. Medications that must be administered in the event of a severe allergic reaction.

### Policy:

It is the policy of the Town of Cutler Bay that **we do not store, hold, assist with, or administer any prescription medications** to program participants.

### Rationale:

There are issues such as the availability of medication when a child needs it—a child may leave on a field trip and leave medication behind; the staff person on duty may not have a key or have access to medication when a child needs it; medication may be accidentally mishandled or misplaced. Some medications need to be kept refrigerated, and we do not necessarily have the capacity to store medications.

### Policy:

**We don't permit program participants to bring medications to camp or take medication during camp hours.** If a child must take medications on a regularly scheduled basis or specific time, parents are encouraged to visit camp and administer medications to their child.

### Rationale:

The job descriptions for Town Staff do not require training in administering medications. To avoid the possibility that medications may not be administered properly or that medications may be rendered unusable (accidentally spilled, dropped, etc.), the Town will not store or handle prescription medications.

If a child is required to carry an epi-pen or other emergency medication used for severe allergic reactions, we have the following practice and policy:

1. Proper storage and administering of any emergency medications are the responsibility of the child. Participants are permitted to carry epi-pens with them if parents have shown staff proof of prescriptions. Should the child become unable to administer emergency medications, only then will Town staff administer medications such as an epi-pen to prevent further reactions or injury.

2. If emergency medications need to be refrigerated, it shall be the responsibility of the parent to supply an insulated, soft sided lunch box with cold packs to always keep medication cold and in the child's possession.
3. Children will be discouraged from trading meals at lunchtime.
4. The Town does not allow any home-made treats, snacks, etc. for birthday parties. Such snacks will be limited to store-bought cupcakes, etc. if they wish to have a birthday party for their child at camp.
5. Staff will be made aware of dietary allergies and restrictions for campers under their supervision, and whenever possible, be aware of the symptoms of food allergies, should a child have a reaction.
6. The Town does not provide medical personnel during program activities.

## MOBILE PHONE POLICY

The Town recognizes that mobile phones have become a common tool for communication. Students' use of mobile phones during program hours creates major distractions to the learning environment. The mobile phones are also vulnerable to theft.

Students can have mobile phones; however, phones must be turned off and stored out of sight during program hours. Phones may not be used to talk, take pictures, play games, record, or text during program hours.

If a student violates the mobile phone policy, the Town will enforce the following consequences:

- **First Infraction:** The student's mobile phone will be taken away by Town Staff and returned to the student at the end of the day as they leave the program site. Confiscated mobile phones and electronic devices will not be returned to the students under any circumstances prior to them leaving the program site for the day.
- **Second Infraction:** The student's mobile phone taken away by Town Staff and placed at the front desk until a parent comes to retrieve it at the time that they pick the student up for the day.
- **Third Infraction:** The student will no longer be allowed to bring a mobile phone to the youth program or will be removed from the youth program.

Join the Town of Cutler Bay e-mail list by signing up at  
**[www.cutlerbay-fl.gov/subscribe](http://www.cutlerbay-fl.gov/subscribe)**



(Or scan here to sign  
up for our emails)



Follow us on social media @townofcutlerbay

Cutler Ridge Park | 10100 SW 200th St, Cutler Bay, FL 33157

(305) 233-5472 | [www.cutlerbay-fl.gov](http://www.cutlerbay-fl.gov)