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

Funded By In Part by"

THE CHILDREN'S TRUST

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 (The Children's Trust)
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
18. _____Release of Liability, Hold Harmless & Indemnification Agreement & Photo Release

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____Date: _____

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

REGISTRATION FORM 2026-2027 SCHOOL YEAR

Child's Last Name _____ First Name _____ Middle Initial _____

Child's Date of Birth (MM/DD/YYYY) ☐☐ ☐☐ ☐☐☐☐ Child's Gender ☐Male ☐ Female

Medical Conditions: _____

Street Address: _____

City: _____ Zip Code: _____

Child's Current School _____ Child's Current Grade ☐☐

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Primary Phone ☐☐☐☐☐☐☐☐☐☐ Other Phone ☐☐☐☐☐☐☐☐☐☐

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 2026– May 2027) 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: _____

GENERAL AGREEMENT / RELEASE

I, _____, (print name) do hereby:

1. 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.

2. Understand and agree to abide by all applicable rules and regulations 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.

3. Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility."

4. Section 402.305 (12)(b), F.S., requires that parents are notified in writing of the disciplinary practices used by the Town of Cutler Bay.

5. It is the policy of the Town of Cutler Bay (the "Town") and a requirement of Title VII of the Civil Rights Act ("Title VII") and the Florida Civil Rights Act ("FCRA"), that we provide an environment in which patrons, their families, guests and staff are treated in a non-discriminatory manner. This policy strictly prohibits acts of harassment by or against patrons, their families, guests and employees on the basis of sex, race, national origin, religion, age, marital status or any other category or protected group recognized by Title VII.

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:_____

RELEASE OF LIABILITY, HOLD HARMLESS & INDEMNIFICATION AGREEMENT, & PHOTO RELEASE

This Release of Liability, Hold Harmless and Indemnification Agreement, and Photo Release ("Agreement") is executed by the below-named person, individually or as the parent and/or legal guardian (the "Guardian") of the below-named minor child, (in either case, the "Participant"), in favor of the Town of Cutler Bay, Florida and its elected/appointed officials, directors, employees, officers, and agents (the "Town"). The Participant is participating in recreational activities and programming sponsored/hosted by the Town. The Participant, and if the Participant is a minor, the Guardian on behalf of Participant, acknowledges and agrees that:

1. Participant is willingly and voluntarily participating in the Town's recreational activities and programming with knowledge of the dangers involved. Participant acknowledges that participation in these activities may involve risk to Participant's personal safety and carries with it the potential for injury, death, and property loss. Participant understands that the Town makes no guarantees that the Town's recreational activities and programming are free of hazards, including by way of example and not limitation, those associated with terrain, facilities, equipment, weather, Participant's personal health, or the actions of others, and makes no guarantee ensuring Participant's personal safety. Participant hereby agrees to expressly assume and accept any and all risks of injury, illness, or death which in any way arise out of such recreational activities and programming.
2. Participant hereby assumes all of the risks of participating in all activities sponsored by the Town or visiting Town facilities, including but not limited to risks that are both known and unknown, human and environmental, even if such risks arise from Participant's own negligence or the negligence of the Town or the negligence of others.
3. Participant understands that participating in the Town's recreational activities and programming is voluntary and that the Participant is not required to participate. Participant agrees to abide by the Town's safety policies and procedures, criteria and requirements in addition to all safety instructions and directions provided by Town personnel during recreational activities and programming.
4. Participant, for himself/herself and on behalf of his/her beneficiaries, heirs, assigns, personal representatives, and next of kin hereby releases and holds harmless and covenants to defend and indemnify the Town with respect to any and all injury, illness, disability, death, loss or damage to Participant or Participant's property arising out of or in any way connected to Participant's participation in Town activities or programming or visiting Town facilities, whether resulting from Participant's negligent act or omission or the act or omission of any other person or any act or omission of the Town, including, but not limited to the negligent acts or omissions of the Town.
5. Participant declares himself/herself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent participation in Town's recreational activities and programming. Participant hereby acknowledges that it is recommended that a physician's approval be obtained in

advance of participation in an exercise/fitness activity or in the use of exercise equipment and machinery. Participant also acknowledges that it is recommended that Participant have a yearly or more frequent physical examination and consultation with Participant's physician as to physical activity, exercise, and use of exercise and training equipment so that Participant might have recommendations concerning these fitness activities and equipment use. Participant acknowledges that Participant has either had a physical examination or has been given a physician's permission to participate, or that Participant has decided to participate without the approval of Participant's physician and does hereby assume all responsibility for Participant's participation in Town programming and activities.

6. In case of emergency, the Town is authorized to seek medical treatment and transportation for Participant from such physicians, hospitals and ambulance services as may be chosen by Town in its reasonable discretion (note: the physician(s), hospital(s), and ambulance service(s) selected by the Town may not be the Participant's preference). Participant acknowledges that the Town has no obligation to seek such treatment or transportation. Participants hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the Program. Participant understands that Participant is responsible for furnishing health insurance in case of injury or illness and accepts full financial responsibility for payment of any and all medical services. Participant hereby releases and forever discharges the Town from any claim whatsoever that arises or may arise on account of any first aid, treatment or service rendered to Participant in connection with the Town and related programing and activities.
7. Participant also acknowledges that the Town and its contractors, partners and/or sponsors may use photographs, video or film for educational, informational or promotional purposes, and Participant hereby grants the Town and its contractors, partners and sponsors permission to include images of Participant or Participant's likeness for any purpose with no compensation or liability.
8. Participant agrees to defend, indemnify , and hold the Town harmless from and against any and all claims, demands and causes of action of whatsoever kind or nature sustained by the Town arising out of, or by reason of, or resulting from the activities and programming contemplated by this Agreement, and from and against any and all resulting losses, costs, expenses, attorney's fees, liabilities, damages, orders, judgments, and decrees in connection with this Agreement and the activities contemplated herein, regardless of Town's negligence or the negligence of Town's agents, servants or employees.
9. Participant understands that this Agreement is intended to be as broad and inclusive as permitted by the laws of the state of Florida and agrees that if any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not affect the remaining provisions of this Agreement.
10. This Agreement shall remain in effect unless and until revoked in writing by Participant and delivered to the Town Manager.

NOTICE TO THE MINOR CHILD'S NATURAL OR LEGAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN THOUGH THE TOWN USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE TOWN IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE TOWN HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ, FULLY UNDERSTAND, AND ACCEPT THIS RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT, AND PHOTO RELEASE, AND I SIGN THIS FORM ON MY OWN FREE WILL.

Participant's Name (Print) _____

Participant's Signature _____ Date _____
(or, if Participant is a Minor Child, Signature of Parent or Legal Guardian)

Parent or Legal Guardian's Name (if Participant is a Minor Child) _____

Address _____

Town _____ State _____ Zip _____

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	**Child/Youth Gender**	**Child/Youth Race/Ethnicity** (please select only one)
____/____/____ Month / Day / Year	☐ Female ☐ Male ☐ Prefer not to answer	☐ 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)	**Miami-Dade County Public Schools ID#** *(all students attending public or charter schools must have a school ID#)*
☐ Child under 5/not in school ☐ Pre-K ☐ Kindergarten ☐ Grade 1-12 (specify) _____ ☐ Attending College ☐ Not in school	_____ _____ _____ _____ _____ _____ _____ ☐ No M-DCPS ID #

Current School _____

Home Address _____
Street **City** **ZIP Code**

Caregiver Name _____
Last **First**

Caregiver Phone Number	**Caregiver Email address**
(____) _____ -_____ **Is this a cell/mobile phone?** ☐ Yes ☐ No	

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)

- ☐ Developmental delay (only if under age 5)
- ☐ Intellectual/developmental disability (over age 5)
- ☐ Learning disability (over age 5)
- ☐ Autism spectrum disorder
- ☐ Deaf or hard of hearing
- ☐ Medical condition or illness (like asthma, diabetes, epilepsy/seizures, severe allergies)
- ☐ Physical disability or impairment
- ☐ Managing aggression or temper
- ☐ Managing attention and hyperactivity (ADHD)
- ☐ Depression or anxiety
- ☐ Speech or language condition
- ☐ Blind or low vision
- ☐ Other condition lasting one year or more (please specify) _____
- ☐ 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)

- ☐ Speaks and is easily understood
- ☐ Speaks but is difficult to understand
- ☐ Uses communication devices like pictures or a board
- ☐ Uses sign language
- ☐ Uses gestures or expressions like pointing, pulling, smiling, frowning, or blinking
- ☐ Uses sounds that are not words like laughing, crying, or grunting

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

- ☐ Behavioral therapy or services
- ☐ Counseling for emotional concerns
- ☐ Daily medication (not including vitamins)
- ☐ Exceptional student education services in school through an IEP or 504 plan
- ☐ Occupational therapy (OT)
- ☐ Physical therapy (PT)
- ☐ Speech/language therapy
- ☐ None of the above are needed at this time
- ☐ 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, or learn more about **The Children's Trust programs at** www.thechildrenstrust.org. For special needs resources for individuals with disabilities and their families, visit www.advocacynetwork.org/services/individual-family-support **or** 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 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 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 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 **Crayola Imagine Arts Academy of Miami**, 5966 South Dixie Highway 107-A, South Miami, FL 33143 | Phone: 786-436-0114) and **Short Chef** (3133 SW 13th Street, Miami, FL 33145 | Phone: 305-761-1452).

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)*

Generously Funded by
THE CHILDREN'S TRUST

"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	**Favorite**
_____	_____
_____	_____
_____	_____

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

Calms	**Upsets**
_____	_____
_____	_____
_____	_____

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

Strengths	**Challenges**
_____	_____
_____	_____
_____	_____

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 _____

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Generously Funded by THE CHILDREN'S TRUST

"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)?

_____

_____

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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 until support services are in place.
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 3189) 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.

Parent's Role

A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for their child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

More information and free resources:

MyFLFamilies.com/ChildCare

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
License Number: C11MD2768
License Issued on 06/01/2026
License Expires on 05/31/2027
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare
(850) 488-4900

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

Reports of suspected cases of physical abuse, sexual abuse, and neglect are received and referred for investigation by the Abuse Hotline. To report suspected cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Licensing pursuant to s. 402.3125(5), F.S.

Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation vehicles (if transportation is provided).
- Provide parents with written disciplinary practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

- Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- Maintain accurate records that include:
  - Children's health exam/immunization record.
  - Medication records.
  - Enrollment information.
  - Personnel records.
  - Daily attendance.
  - Accidents and incidents.
  - Parental permission for field trips and administration of medications.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Activities

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Caregivers

- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child's individual needs.
- Use a pleasant tone of voice and freqently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

Quality Environments

- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys.
- Display children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.

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 2026-2027 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 or at (305) 233-5472.

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

Attentively,

Elizabeth Deveaux
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 6-12):* 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.

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.
- Late pick-up fee will be charged $1 per minute.
- 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 problems continue 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 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 services 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 illness are no longer present.
4. Signs of suspected contagiousness include the following:
    - Severe coughing causes 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.

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 related 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 programming activities.

MOBILE PHONE POLICY

The Town recognizes that mobile phones have become a common tool for communication. Students' use of mobile phones during programming 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 programming 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 is 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

(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 33189

(305) 233-5472 | www.cutlerbay-fl.gov