



Village of Palm Springs
Parks and Recreation Department
226 Cypress Lane - Palm Springs, FL 33461

YOUTH PROGRAMS REGISTRATION FORM

Program: _____

PERSONAL INFORMATION

CHILD'S LAST NAME _____	FIRST _____	MIDDLE _____
ADDRESS _____		CITY/ ZIP _____
PALM SPRINGS RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	E-MAIL ADDRESS _____	
MOTHER'S NAME _____	WORK PHONE # _____	CELL # _____
FATHER'S NAME _____	WORK PHONE # _____	CELL # _____
LEGAL GUARDIAN'S NAME _____	PHONE # _____	
<small>(If different from Mother / Father)</small>		
PRIMARY PARENTAL CONTACT _____	CELL PHONE PROVIDER _____	
DATE OF BIRTH _____	AGE _____	GRADE _____
T-SHIRT SIZE: <input type="checkbox"/> Youth XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> Adult S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
SCHOOL _____	STUDENT ID _____	
A password is used to verify that a person is authorized to receive information about your child over the phone.		
PASSWORD _____		

EMERGENCY CONTACTS

Person(s) to contact in case of an emergency if a parent cannot be reached (we must be able to reach someone at all times).

NAME _____	RELATION _____	PHONE _____
ADDRESS _____		
NAME _____	RELATION _____	PHONE _____
ADDRESS _____		
FAMILY DOCTOR _____		

ADDITIONAL PEOPLE AUTHORIZED TO PICK UP YOUR CHILD (must be at least 18 and provide proper ID)

NAME _____	RELATION _____	PHONE _____
NAME _____	RELATION _____	PHONE _____
NAME _____	RELATION _____	PHONE _____

SPECIAL NEEDS, GROUP RATIOS & ACCOMMODATIONS

Does your child have special needs? Yes No

If yes, please indicate: _____

If your child has special needs, you must register at least two weeks prior to the start of camp to discuss your child's needs before the program begins.

If your child is currently on an Individualized Education Program (IEP) or 504 Plan, please provide those documents and plan to review them with the Program Supervisor at least two weeks prior to the start of camp. We want to know which skills your child is currently working towards and what your goals are throughout the summer.

Group ratio is 1 staff member for every 18 children (1:18).

If your child requires a lower ratio, do you have a Behavioral Intervention Assistant (BIA) who can successfully complete a background screening (at your cost) to accompany your child to the program?

All campers must be toilet trained. Our staff is unable to offer assistance to children while they are in the restroom.

Is your child toilet trained? Yes No

MEDICAL INSTRUCTIONS

List any special medical issues, allergies or medication instructions you feel we should be aware of: _____

Does your child take any medication at home? Yes No If yes, complete below:

Name of Medication	Dosage & Frequency	Time Administered	Possible Side Effects

My child will be taking medicine during program hours. Yes No If yes, complete below:

Name of Medication	Dosage & Frequency	Time Administered	Possible Side Effects

INSURANCE INFORMATION

Name of Insurance Company _____

Group ID # _____ Phone: _____

OTHER INFORMATION

Does your child know how to swim? Yes No If yes, Beginner Intermediate Advanced

Do you give us permission to use sunscreen on your child? Yes No

(Palm Springs does not provide sunscreen) _____

Language primarily spoken in home _____

What activities or skills are you or your child hoping to receive from this program? _____

How did you hear about our program? Current Parent Website Other: _____

PERMISSION TO PARTICIPATE IN FOOD RELATED ACTIVITIES

(i.e., classroom cooking projects, gardening, camp wide celebrations, and birthdays)

(Circle One)

I give / decline permission for my child to participate in food related activities and special occasions wherein food is consumed, subject to the conditions indicated below:

- General Permission (I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.
- My child HAS a food allergy or dietary restriction. He or she may participate in activities, but must not eat or handle the following items (please list below):

_____ (initial)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of a serious illness or accident and if parents cannot be reached. _____ (signature)

DROP OFF/ PICK UP PROCEDURES

Everyday, you will drop your child off and pick them up at the parking lot on the west side of the Palm Springs Basketball Court located in the Palm Springs Athletic Complex at 226 Cypress Lane, Palm Springs, FL 33461. Drop them off by 9:00 am to ensure timely arrival to field trips. Pick them up by 4:30 pm unless they are registered in after care. If it is raining, you may park closer to the Leisure Activities Building where camp is held and drop them off or pick them up.

Sign In
Parents or guardians are required to sign their children in daily every morning.

Sign Out
ALL camp participants must be signed out by a parent or guardian who has been listed on the Authorized Pick-Up List.

Children will only be dismissed to vehicles that have a camp issued placard displayed on their dashboard. Any time an unfamiliar person attempts to pick up a child, photo ID will be checked. Camp staff will check the Authorized Pick-Up List to see if that person's name is listed on the form. If the person attempting to pick up the child is not on the list, then the parent/ guardian will be contacted for verification. If anyone refuses to sign a child out from the camp, staff will refuse to release the child into their custody. If anyone attempts to remove a child without a camp issued placard or signing out, staff will treat the incident as an attempted abduction from camp. Palm Springs Police Department will be notified, and staff will attempt to record the license plate and description of the car of the offender.

Children who walk home, ride a bike home, or are allowed to sign themselves out which is determined at registration must have a parent or guardian signed authorization document on file and designated time to leave camp.

Camp participants CANNOT leave the camp with another parent unless an approval letter is on file stating that the parent/ guardian of the child in question gives the Village of Palm Springs permission to allow their child to leave the camp with another participant. In this case, the parent/ guardian picking up the children will sign out for each child.

Parents/ guardians should inform staff immediately if any information related to their child changes. This includes additions/ deletions to the Authorized Pick -Up List.

I have read and agree to abide by the Drop Off/ Pick Up Procedures stated above.

_____ (Parent/ Legal Guardian Signature)

_____ Date