

PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

<input checked="" type="checkbox"/>	Obtaining Emergency Medical Care	<input checked="" type="checkbox"/>	Administration of Minor First-Aid Procedures
<input checked="" type="checkbox"/>	Emergency Transportation by the Facility	<input checked="" type="checkbox"/>	Application of Parent Provided Sun Screen
<input checked="" type="checkbox"/>	Photo/Video Release	<input checked="" type="checkbox"/>	Application of Parent Provided Bug Spray
<input checked="" type="checkbox"/>	* I've Received INFLUENZA (Flu) Brochure	<input checked="" type="checkbox"/>	* I've Received KNOW YOUR CHILDCARE FACILITY Brochure
<input checked="" type="checkbox"/>	*I've Received SELECTING A FAMILY DAY CARE HOME PROVIDER Brochure	<input checked="" type="checkbox"/>	-Expulsion Policy-

SIGNATURE ON EACH ITEM BELOW VERIFIES THAT YOU HAVE RECEIVED INDICATED INFORMATION

Victory Pre-School Disciplinary Practices and expulsion policies

I understand that a Current Physical Examination and Immunization Record are due before first day of attendance.

Parent or Guardian signature indicates that the information on this enrollment form is complete and accurate. Parent or guardian must notify the front office of any changes to any contact information, including phone numbers and emergency contacts.

Your signature below indicates that you have received the above items*. I hereby grant permission for the staff of this facility as well as DCF to have access to my child's records.

_____ Date: _____

Family Password: _____ *See page 4 for more details



Victory Pre-School Parent Agreement

To enroll my child, the following forms must be completed and returned by their start date:

1. Child Care Application for Enrollment
2. Parent Agreement
3. Statement of Faith
4. Family Security Agreement
5. Referral Agreement (Contract Childcare Only)
6. Parent Consent Form (Screening & Assessments)
7. Contract Child Care Only-Current Voucher
8. Copy of Child's Birth Certificate

I understand that a non-refundable registration is due with this form.

Registration fee of: \$175.00 for all families

I understand that:

- Weekly tuition or parent co-pay is due on the first day of each week.
- A \$25.00 late fee will be charged for payments received beyond the given due date unless arrangements have been made with the program's director.
- Regular weekly tuition or co-pay is due regardless of holidays, illness, or inclement weather.

I understand that:

- There will be a \$50.00 fee for bank returned checks.
- The entire amount of the check along with the applied fee must be paid in cash by the following day of notice.
- After two bank returned checks, all future payments will be on a cash only basis.

I understand that:

- The facilities operation hours are Monday-Friday from 6:30am to 5:00 pm.
- My child cannot be dropped off prior to 6:30 am or picked up after 5:00 pm.
- A late charge will be imposed if I pick up my child after 5:00 pm.
- This charge is \$5.00 per minute for the first 5 minutes per child, and \$3.00 for every additional minute.
- Late charges must be paid before children return to the program.
- If continued late pick-up occurs than service rendered may be suspended or terminated.
- If children have not been picked up with the 30 minutes of closing, and the child's parent or guardian has made no attempt to notify the center of late pick up, Victory Pre-School is mandated to notify the Police Dept as well as the Department of Children and Families.

I understand that:

- It is my responsibility to sign my child in and out of the program daily.
- It is my responsibility to have my child in the program prior to 10:00 am daily.
- It is my responsibility to notify the program of any appointments that will delay my child arriving by the 10:00 am daily cut off time.
- All late arrivals must be approved by the program administration.
- I understand that the program can only release my child to the persons I have authorized on my child's application.

I understand that:

- It is my responsibility to provide the program with a current Physical Exam (Yellow Card 3040) and Immunization Record (form 680). These documents must be received, before and not later than the first day of enrollment.
- The child's health forms 3040, and 680 must be kept current at ALL times.

By signing this parent acknowledgement, I verify that I have read the above school policies and agree to abide by them. I also acknowledge that I have received a parent handbook and I agree to review the contents and refer to administration with any questions that I may have.

X _____
Parent/Guardian Signature

Date



Victory Pre-School Family Security Agreement

Drop Off Parental Responsibilities:

- An authorized adult is required to accompany child inside the facility at time of arrival.
- Sign child in to program daily.
- Deposit child's belongings into her/his cubby each day.
- Check child in to child's class, making sure that teacher in charge is aware of child's presence before parent departs center.
- Complete any necessary forms, for example Medication authorization, Field Trip permission for, etc.

Pick Up Parental Responsibilities:

- An authorized adult is required to pick up child inside the facility at time of departure.
- Sign child out of program daily.
- Retrieve child's belongings from cubby each day.
- Check child out of class, making sure that teacher in charge is aware of child's departure before child and Parent departs from center.
- Complete any necessary forms, for example Accident/Incident Report, Illness Report, etc.
- When parents enter Victory Pre-School and remove their child from the classroom, the child is no longer under Victory Pre-School's supervision. The parent is responsible for the safety and behavior of the child at that time.
- Children should be supervised and not be allowed to run outside alone.
- Never leave your vehicle running when you pick-up your child.

For your child's safety:

Victory Pre-School takes your child's safety very serious and we are dedicated to providing a safe environment for your child to grow and learn.

For this reason at 10:00 AM the center goes into lock down. Victory Pre-School has an open door policy and authorized adults are welcomed into our program without notice at anytime. Between the hours of 10:00 AM and 3:30 PM all visitors will be let in by office administration. This policy is to insure that all visitors have approval to be on the property. This also allows less interruption during high learning times.

Child Release Policy:

Under no circumstances will Victory Pre-School release your child to anyone that is not authorized on your child care enrollment application. Identification required for all authorized adults listed on child's enrollment application. A copy of the identification will be made for your child's file, along with records of dates and times that your child was picked up, by the specific authorized individual. The authorized individual must sign the child out of the program. Parents are responsible for providing copies of legal documents preventing non-custodial parents from picking up the child. Written Authorization to release a child to any individual other than who is listed on child care enrollment application must provide identification, and parent must call and confirm with family security code before child will be released. Any person picking up a child in an impaired condition (under the influence of drugs or alcohol) will be encouraged to find alternate transportation. If efforts to re-direct fail then Christ View Pre-School will contact the local police.

By signing this security agreement you are stating that you have read and agree to abide in the drop off and pick up policies stated within the document by Victory Pre-School. You also understand and agree to security measures taken by Victory Pre-School to keep you child safe.

Child's Name

Parent/Guardian Signature

Date

Family Security Password



Victory Pre-School Parent Permission Slip for Pre/Post Assessment

Dear Parent/Guardian:

Florida State Law states that each child who participates in subsidized child care must be given a developmental beginning and ending test. The purpose of the developmental assessment is to provide a sampling of your child's development in the following areas: physical, social, cognitive, and language skills.

By signing this permission slip, you are acknowledging that you have been informed of the Florida State Statute and will allow the Portage Assessment to be completed on your child by program staff. The Portage Assessment allows program staff to observe your child throughout the day. The child's teacher will use your child's information to track the developmental progress your child is making towards school readiness. These results will allow the teachers to provide assistance when needed to your child through activities, screenings and referrals.

I understand that the information gathered from the Portage Assessment will be used to help my child with his/her Developmental Success. My child's results are confidential and will only be shared with the following entities: Episcopal Children's Services or Early Learning Coalition. I may also request a copy of my child's developmental assessment.

Child's Name: _____

Child's Date of Birth: ____/____/____

Childcare Provider: Christ View Preschool

Parent/Guardian's Printed Name: _____

Parent/Guardian's Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Parent/Guardian's Phone Number(s):

(H) _____ **(W)** _____ **(C)** _____

X _____
Parent/Guardian Signature

Date



EXPULSION POLICY

NAME OF CHILD:

SIGNATURE OF PARENT:

Victory Preschool is a ministry of Womb to the World Ministries Inc. The heart of our ministry and focus is committed to serve our community as a whole by not only focusing on the children in whom we serve, but on their entire family. With dedication and the love of the gospel, we strive to reach families that need support in raising their children with Christ as the focus in their lives. It is our highest importance to serve the needs of young children by providing a high-quality, culturally diverse early childhood program within a safe, nurturing environment. The Child Care Development Center will encourage the spiritual, physical, social, emotional, creative and cognitive development of each child through the use of Biblical sound and developmentally appropriate practices.

We are here to:

- Provide a safe, secure and loving environment focusing on each child's developmental and spiritual growth.
- Help children feel a warm sense of belonging to their classmates and ensure each child feels welcomed and wanted.
- Teach them the power and importance of prayer.
- Support families in their responsibility for the academic and spiritual nurture and growth of their child.
- Assist each child in identifying their gifts and how they can use it in their everyday life to impact the people around them.
- Provide children the opportunity to participate in worship and ministry.
- Provide Godly influences who are adequately trained to serve as positive role models as they minister with children.
- To provide life changing education for our children by utilizing quality resources and continually training and encouraging our teachers and volunteers.

Teachers

Our education plan and philosophy is based on meeting the developmental needs of each child, by providing an environment that fosters cognitive, physical, emotional and social development. We are successful in meeting these needs. It is our goal to provide a safe and stimulating environment, where moral and ethical lessons are learned daily through life's lessons as well as an academic curriculum. We have a staff of educators that encourages creativity, diversity and self-respect, so each child leaves our program with the skills necessary to continue to grow, learn and adapt to the ever changing world in which they live.

Referrals

When program staff suspects that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive and confidential manner with documentation and explanation for the concern, suggested next steps, and information about resources for assessment. Identifying children with disabilities or delays early helps minimize or prevent future problems. All screening referrals will be kept strictly confidential and will be used only to help access appropriate care as needed.

Conferences

Parent-teacher conferences regarding individual children are encouraged. We ask that a conference be set up on a quarterly basis to review your child's progress and to set goals for the upcoming quarter.

(Please see page 10, point 21 on our Parent Handbook for more information)

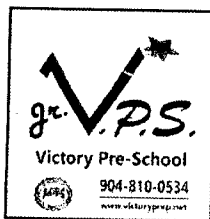
One of Victory Pre-School's biggest commitments is to keep all children safe in our environment and teach all children attending everything they need to succeed in our world. Unfortunately there are times that we are obligated to expel a child, but we will never expel a child without trying all the resources possible on our part. Please see the following possible reasons for expulsion:

Parental Actions for child's expulsion

- Failure to pay/habitual lateness in payment or late pick up.
- Failure to complete required forms including the child's physical and immunization records.
- Verbal abuse to staff.
- Parent threatens physical or intimidating actions toward staff members.

If a child exhibits continually disruptive and unsafe behavior that is not resolved through appropriate behavior management strategies, the teachers will discuss the situation with a supervisor and parent to develop an action plan. All reasonable attempts will be made to work with the child and the family to resolve the behavior problem. Staff will keep parents informed of the progress made. Referrals to community or an outside evaluation may be suggested. If a parent refuses to work with the staff in resolving the problem, and/or the behavior problem persists resulting in a chronic situation requiring greater need for care than the VSP teachers can provide, then the child's enrollment is subject to termination. **(Please read page 24 point 58 on our parent handbook for more information)**

***(It is at the acting director discretion to approve exceptions. These exceptions will be made on a case to case bases, according to severity of the situation.)**



Food Allergies

The following is a list of different foods served in our Food Program. **Please circle any items that your child is allergic to.** Please understand that **food allergies must be in writing and provided by your child's pediatrician.** An alternative menu item will be provided to all children with a documented food allergy.

Milk	Vegetables / Fruit / Juice	Crans / Breads	Meats
Whole	Potatoes	Whole Bread	Sausage
1%	Peaches	Eggs	Turkey
Cheese	Bananas	Honey Oat Clusters	Ground Beef
	Oranges	Peanut Butter	Chicken
	Fruit Cocktail	Golden Grahams	Beef
	Pinapple	Honey Nut Scooters	Breaded Fish
	Carrots	Pancake and Maple Syrup	Hot Dogs
	Corn	Corn Chips	BBQ Chicken
	Green Beans	Elbow Macarroni	
	Red Grapes	Garlic Bread	
	Refried Beans	Pasta	
	Pears	White Bread	
	Baked Beans	Blueberry	
	Tomatos	Brits	
	Kidney Beans	Oatmeasl	
	Blueberry	Graham Crackers	
	Broccoli	Macarron Cookies	
	Coconut	Wafers	
	Strawberry, Grape Jelly	Cinnamon Toasters	
	100% Orange Juice	Bagel	
	100% Grape Juice	Black Eyed Peas	
	100% Apple Juice		

Signature

Date

Permission for Food-Related Activities and Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2. Licensed child care facilities must obtain written permission from parent/guardians regarding a child's participation in food related activities. These activities include such things as classroom cooking projects, gardening, school wide celebrations, and birthdays.

I, _____, give/decline permission for my child,
(Parent or Guardian) (circle one)

_____, to participate in food related activities and special
(Child's Name)

occasions wherein food is consumed.

Please provide the following information:

___ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

___ My child DOES NOT have a food allergy or dietary restriction. He or she MAY NOT participate in activities.

My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items as listed below:

___ My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in activities.

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 child's enrollment.

(Parent/Guardian Signature)

(Date)



Media Release Permission Form (Education Department)

I _____ (*Please print*) the parent(s) of a Child(ren) that attends and has attended an educational program under Womb to the World Ministries Inc, give permission for pictures, slides, digital images, or other reproductions of me, of my minor child(ren). Also of materials owned by me or my child(ren), and to put the finished pictures, or images to use without compensation in productions, publications, on the web or other printed or electronic materials related to the role and function of the education department of Womb to the World Ministries Inc.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

My signature acknowledges that I have read and agree with the above media policy, and give permission for pictures, slides or images to be used without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of the education department of Womb to the World Ministries Inc.

Signature

Date



Victory Pre-School
General Release and Hold Harmless Agreement

That I/We, _____, First Party, as the parent(s) and natural guardian(s) for _____, a minor child for the sole consideration of enrolling the minor child in The Womb to the World Ministries Inc. D/b/a Victory Pre-School programs, by these presents, for themselves and their minor child, her/his heirs, executors, administrators and assigns, do hereby remise, release, and forever discharge The Womb to the World D/b/a Victory Pre-School, the Second Party, its successors and assigns, of and from any and all claims, demands, damages, costs, expenses, actions and causes of action, arising from participation of the minor child in any program, foreseen and unforeseen, and the consequences thereof, resulting, and to result from, and participation in such program, including bodily and personal injuries, and loss and damage to property. It is further understood and agree that the First Party does hereby hold harmless The Womb to the World Ministries Inc. D/b/a Victory Pre-School, its successors and assigns, for any medical costs or expenses incurred for any treatment of any such injuries, and the First Party agrees to be solely responsible to pay or reimburse for any such medical charges or expenses incurred including transportation expenses.

This release contains the Entire Agreement between the First Party as parent(s) and natural guardian(s) of **(child's name)** _____ and the Womb to the World Ministries Inc. D/b/a Victory Pre-School. The terms of this release are contractual and not mere recital.

X _____
Parent/Guardian Signature

Date

X _____
Witness Signature

Date



Victory Pre-School Referral Agreement Contract Child Care

Victory Pre-School has contracts with the following organizations to accept referred vouchers for childcare services.

Episcopal Children Services St. Johns County School Board-Teen Program FCTC Career Navigators

Victory Pre-School is pleased to contract with the above organizations to offer these services to the community. We ask that you take a few minutes to familiarize yourself with what is expected from you to continue eligibility for these programs. After reviewing the program that applies to your family please sign below verifying that you have reviewed and agree to abide by that program criterion for services.

Episcopal Children Services (ECS)

Only reimburses for daily care received.

Limited to 3 absences a month.

Any absences over 3 per month must be excused by a doctor's note.

If ECS denies reimbursement for any reason, the parent is responsible for childcare expenses.

The parent is responsible for keeping their voucher current with ECS.

Christ View Pre-School cannot provide childcare services unless a current voucher is on file from ECS.

ECS only reimburses on average 75% on weekly childcare tuition, parent is responsible for the remaining 25%.

Parent fees are due on the first day of the week to avoid a \$25.00 late fee.

Services can be suspended or terminated for unpaid parent fees.

In order for the parent to transfer to another child care program, they must prove to ECS that there are no outstanding charges at current center before they can transfer.

Children must be signed in and out of program daily by authorized adult.

St. Johns County Parent Teen Program

This program is operated by St. Johns County School Board.

Only reimburses for daily care received.

Only reimburses for public school days.

Reimburses 100% of tuition, no out of pocket expenses for the student.

The parent is responsible for keeping their voucher current.

If SJCSB denies reimbursement for any reason, the parent is responsible for childcare expenses.

Children must be signed in and out of program daily by authorized adult.

First Coast Technical College-Career Navigators (FCTC)

This program is operated by the First Coast Technical College.

Only reimburses for daily care received.

Only reimburses for public school days.

Reimburses 100% of tuition, no out of pocket expenses for the student.

The parent is responsible for keeping their voucher current.

If FCTC denies reimbursement for any reason, the parent is responsible for childcare expenses.

Children must be signed in and out of program daily by authorized adult.

X _____
Parent/Guardian Signature

Date



Victory Pre-School Statement of Faith

Victory Pre-School is a Ministry committed to partnering with parents to develop balanced strong academic and spiritual children, with a desire to fulfill their calling in life from the "Womb to the World". We believe that a quality preschool education involves constant interaction among the environment, child, teacher, and parent. We call this the Circle of Success. For us to complete this circle please take a few minutes to share with us your families' faith and beliefs. Relax there is no right or wrong answers.

Child's Name: _____ Date: _____

Parent/Guardian Name: _____

Email Address: _____

Address: _____ Phone #: _____

Do you pray with your family before meals?	Yes	No	Comments:
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Do you and your family attend church?	Yes	No	Comments:
---------------------------------------	-----	----	-----------

Would you say you attend church	Weekly	Monthly	Seasonally	Comments:
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Name of church you attend _____

Describe any church ministries you are involved in _____

What do you expect from a Faith Based Childcare Center? _____

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: VPS-110 Masters Dr. St. Augustine, FL 32084

Primary Hours of Care: From: 8 To: 5 Days of the Week in Care: M T W T H F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (904) 810-0534

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)
 Children's Income - sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income - Total: \$ _____
 How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income - list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 5: Contact information and adult signature
 By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (____) _____
 Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.
 Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

FOR CONTRACTOR USE ONLY:
 Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Non-needy Free Reduced-Price Incomplete Application Other Reason: _____
 Total Household Income: \$ _____

Eligibility Determination: Free Reduced-Price Non-needy Incomplete Application Other Reason: _____
 How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually
 NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____
 Second Party Check Signature: _____ Date: _____
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SUMMER CAMP SUPPLY LIST

Each camper will need the following supplies for camp this year. Please make sure that you bring these the first week of camp and have them checked in with your counselor.

_____ Summer Camp Packet (make sure it is completely filled out)

_____ \$175.00 Registration Fee per family

_____ One bottle of “spray on” sunscreen (will be left at camp)

_____ A copy of the Parent/Guardian Driver’s License

_____ 1 case of water bottle per child

_____ 3 boxes of 12 or more individually wrapped snacks per child.

SUMMER CAMP

Dear Parents/Guardians;

Welcome to Summer Camp! This summer it is our goal for each camper to have a wonderful summer full of experiences that they will not only enjoy, but that will help them grow! In order for this to happen, we want to set some standards and rules so that we all have a great summer!

General Rules

- Camp Hours are 8:00-5:00. If care is needed prior to 8:00 am, you must schedule this with the director, Ms. Olga Grove.
- Staff is not responsible for lost or broken items. We recommend that the students bring nothing of value, except your child!
- Students must arrive at camp prior to the bus leaving on a field trip. Any student that misses the bus will have to wait to be dropped off at camp when the field trip is over and the bus returns. (See parent calendar for departure and arrival times)
- Students are not able to be dropped off at field trip locations.
- Students must adhere to the dress code:
 1. Shorts should be fingertip length or longer
 2. Shirts should cover the mid-section/stomach area
 3. Bikinis or two pieces bathing suits that show the mid-section are not allowed. Tankinis that cover the mid-section are allowed. One piece suits are preferred.
 4. Shoes MUST be worn at all times. No flip flops (unless on the pool deck). All shoes should have a back on them.
- We will show respect to God, other campers, counselors, and ourselves at all times. There will be a ZERO TOLERANCE policy when it comes to violence towards any other camper.

In the unlikely event that campers are unable to follow camp rules, the following consequences will be issued:

- Minor issues will be handled with redirection
- Major issues will be handled as followed:
 1. 1st offense-Referral and Parent Contact
 2. 2nd offense-1 week suspension from Camp
 3. 3rd Offense-Removal from Summer Camp

I, _____, have read the general rules and agree to comply with them this summer.

Parent Signature

Date

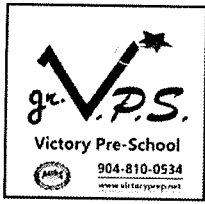


I _____ give permission to VPS SUMMER PROGRAM for my child to participate in all Summer Camp Activities located at the school and fieldtrips away from the school.

Child's Name (if more than one child, you may list them all on this page)

Parent's Signature

Date



I _____ give permission to VPS SUMMER PROGRAM
to apply Sunscreen to my child.

I _____ give permission to VPS SUMMER PROGRAM
to apply Bug Spray to my child.

Child's Name (if more than one child, you may list them all on this page)

Parent's Signature

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DATE WAIVER SIGNED _____

STAFF INITIAL _____

___ 2-DAY ___ FIXED-END ___ AWAY

___ RAPTOR SCANNED

YMCA OF FLORIDA'S FIRST COAST GUEST WAIVER (PLEASE PRESENT A PHOTO ID)

NAME _____ D.O.B. ____ / ____ / ____

STREET ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

HOME PHONE (____) _____ CELL PHONE (____) _____

EMERGENCY CONTACT

NAME _____

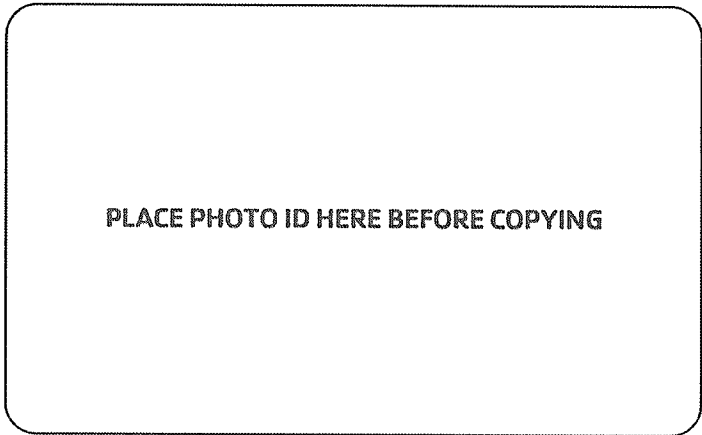
PHONE (____) _____ RELATIONSHIP _____

ARE YOU A MEMBER OF ANOTHER Y?

YMCA NAME _____ CITY _____ STATE _____

HOW DID YOU HEAR ABOUT OUR YMCA?

- ___ BROCHURE ___ TV
___ NEWSPAPER ___ RADIO
___ EXISTING MEMBER ___ MARQUEE
___ PAST MEMBER ___ DROVE BY
___ FRIEND ___ WEBSITE
___ OTHER (PLEASE LIST)



IS THIS YOUR FIRST VISIT TO THIS Y? ___ YES ___ NO

ARE YOU INTERESTED IN JOINING? ___ YES ___ NO

PLEASE SIGN WAIVER ON BACK

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT – Adult Program Participant and Family

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Florida's First Coast, Inc. ("YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of exposure to communicable diseases or injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT.

SIGNATURE OF MEMBER / PARTICIPANT

SIGNATURE OF PARENT / GUARDIAN

DATE

CONDITIONS OF PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast, Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application. The undersigned understands that no accident or medical insurance is provided with this activity.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

ACCEPTANCE

I accept the Conditions of Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

SIGNATURE OF PARTICIPANT

DATE