girls inc.
OF PINELLAS

Girls Inc.

Summer Camp | Global Business Academy

June 7th - July 23rd 2027

Inspiring All Girls to be strong, smart and bold!

girls inc.
OF PINELLAS

Office Use Only
Enrollment Date: _____
Tuition Agreed Upon: _____
Name:_____
School: _____
Grade _____

School Year After Care Registration

Pinellas County Child Care Licensing requires all registration packets to be complete, accurate and legible. Incomplete packets cannot be accepted.

After-care Hours: 2:30pm -5:30pm Prior to Attendance a completed registration packet is necessary for each child. Include a copy of a valid identification for primary caregiver (Florida ID, driver license, etc.).

The first week of tuition is due at the time of registration. Payments may be made by check or money order. Online payment access will be provided following registration. No cash accepted. A late pick-up fee of $10 per minute applied after 5:30pm.

Families receiving a childcare subsidy (i.e., Early Learning Coalition) should present a valid voucher at the time of application. ELC families are still required to complete a registration packet and pay the initial week of tuition at the time of registration.

FEES

Registration Fee	$25
Standard Rate:	$125 per week
*ELC Accepted	$875 for the summer
*Military **FREE**	

Note on Attendance, Closures, and Tuition:
Families are billed weekly regardless of attendance; please refer to our Payment Policies section for more. IN the case of emergency closures (due to unforeseen conditions), you will be notified by phone or emails as soon as possible. Your account will be charged for the full week of weekly tuition. Girls Inc of Pinellas does not issue tuition refunds. A calendar of Girls Inc open/close schedule is based on the Pinellas County Public Schools calendar and is available within this registration packet.

How did you hear about our program? [ ] referral _____

[] school flyer [ ] Website, Twitter Facebook or Instagram [ ] Special Event [ ] Other_____

CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled_____

Child's full legal name_____
First *Middle* *Last* *Nickname*

Date of Birth_____ **Sex**_____

Primary Hours of Care From_____To_____**Days of Week in Care**_____

Child's Physical Address_____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Family Information: **Child Lives with**_____

Parent's Name_____Parent's Name_____

Address:_____Address_____

_____ _____

Home Phone:_____Home Phone:_____

Employer:_____Employer:_____

Address:_____Address:_____

_____ _____

Work Phone_____Cell_____Work Phone_____Cell_____

Custody: Mother_____Father_____ Both_____ Other_____Name_____

Emergency Contacts:
Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name_____

Home Phone_____Cell Phone_____

Address_____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Name_____

Home Phone_____Cell Phone _____

Address_____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Medical Information:

Child's Physician/Health Resource_____

Telephone Number_____

Address_____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Hospital Preference_____

Name of Dentist_____Telephone_____

Address_____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Meals typically served while in care: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper

Emergency Care Plan instructions (if applicable) _____

_____

_____

_____

MISCELLANEOUS INFORMATION

List all known allergies_____

_____

List all identifying scars, birthmarks, skin discolorations_____

Special medical or dietary needs of child_____

_____

List any areas of concern_____

_____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

_____

Signature of Custodial Parent or Legal Guardian **Date**

EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name:_____Birthdate:_____

Allergies:_____

Medicines Routinely Taken:_____

Name of Custodial Parent(s)/Legal Guardian(s):_____

Address:_____ _____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Home Telephone_____Cell Telephone_____Work Telephone _____

Family Physician's Name/Health Care Resource:_____

Address:_____ _____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Telephone (___)_____

Hospital Preference:_____
Name *City*

Medical Insurance Company:_____

Policy #:_____Expiration Date:_____

Emergency Contact (if custodial parent/guardian cannot be reached**):**_____

Address:_____ _____
Street Address (number, apartment #, street) *City,* *State,* *Zip Code*

Home Telephone_____Cell Telephone_____Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

_____, in the event of an emergency at which time
(Child's Full Name)

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

_____

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ _____20_____
(Month) *(Day)* *(Year)*

by means of ☐ physical presence or ☐ online notarization by _____who is personally known
(Name of Affiant)

to me or has produced_____as identification.
(Type of identification)

SEAL OF NOTARY

Signed:_____(*Signature of Notary)*

FC-0003 Sample (2/19/20)

Food Experience Permission Form

I give permission for my child_____to participate in food related activities.

Please check one of the following:

_____My child DOES NOT have a food allergy or dietary restriction.

_____My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____

_____

_____My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

_____ _____

Parent Signature Date

Name of Child:_____**School:**_____**Entering Grade:**_____

Things You Want Us To Know About Your Child:

Does your child have an IEP or special needs status? [ ] Yes [ ] No
Does your child have any unique learning needs or specific difficulties in school? [ ] Yes [ ] No
If yes to any of the above, please provide details.

_____
_____
_____

Will your child require Girls Inc staff to administer medications? [ ] Yes [ ] No
Does your child have conditions or impairments that staff should be aware of? [ ] Yes [ ] No
If yes to any of the above, please provide details.

_____
_____
_____

Things You Want Us To Know About Your Family:

My child(ren) and I have people nearby to rely on for support. [ ] Yes [ ] No
Are there certain family circumstances that would be helpful for us to be aware of? [ ] Yes [ ] No Please provide any additional details to the above questions.

_____
_____
_____

Demographic Information:
Girls Inc of Pinellas requires child and family demographic data to be provided. This information is confidential and will be used only anonymously to meet reporting requirements.

Participant Age (circle):

5	12
6	13
7	14
8	15
9	16
10	17
11	18

Participant Identifies As:

____Black/African American
____Asian American
____Pacific Islander
____Native American/American Indian
____White/European American
____Latina/Hispanic
____Multi-Ethnic

Annual Household Income:

____less than $10,000
____$10,001 – 20,000
____$20,001 – 30,000
____$30,001 – 50,000
____Greater than $50,000

Participant lives with:

_____Both parents
_____Single Parent
_____Group Home
_____Foster Parents
_____Multigenerational household
_____Parent & Stepparent
_____Relative
_____Other_____

Parent/Guardian Highest Level of Education Completed:

____Middle School
____Some High School
____Voc. /Technical Training
____Bachelor's degree
____PhD or equivalent
____High School Diploma
____High School Equivalent
____Two-year college degree
____Graduate degree

Total Number of People Living in the Household:
Adults_____Children_____

Do you speak another language? [ ] Yes [ ] No
If yes, list language(s):_____

Place of Employment: _____

Are you interested in volunteering at Girls Inc of Pinellas? [ ] Yes [ ] No

What you should know about Girls Inc Rules, Conduct and Discipline Procedures:

Girls Inc. of Pinellas values safety as the highest priority for the girls in our care. Center rules are designed with safety in mind and we ask all families to help us in maintaining a safe environment by supporting our center rules, conduct and discipline procedures below.

Girls Inc has a zero tolerance policy for bullying and physical aggression or violence. We model the appropriate behaviors and abide by licensing regulations governing Pinellas County Children's Centers.

Girls Inc staff is trained to handle conflicts in ways that encourage girls to compromise with others, to develop self-discipline, and to resolve conflicts in a non-violent manner. Our program staff:

- Observe and allow girls to resolve conflicts on their own.
- If the girls need additional encouragement, we offer mediation as necessary.
- If the problem persists or escalates, we separate the girls for a "cooling off" period.
- If the problem ***a) creates a safety concern, b) escalates to a physical/verbal altercation, c) is unmanageable and/or repetitive, or d) continues to be a distraction during activities,***

we discuss the behavior with the parent. Depending on the behavior, we may need to complete an incident report.

If the problem is ***an immediate safety issue or if physical violence results*** after taking the above actions, parents of each girl involved will be called. Any girl participating in physical violence will need to leave with their parent and may be suspended for the next day.

What You Should Know About Transportation:

Safety and behavior policies while being transported are outlined by each driver. Families will receive notification of violations reported by drivers. Repeated violations of safety and behavior policies could result in suspension of transportation.

If your child is under the age of 6 years old and/or weighs less than 40 lbs, they may be required to be seated in a child restraint device. Check Yes, if your child requires a restraint device **OR** check No, if this does not apply to your child.

**Yes [ ] No [ ]

How You Drop Off and Pick Up; Sign In and Sign Out your child:

Children are required to be escorted into the Center by a parent/guardian or authorized pick up person listed in the Emergency Contacts section of the Child's Enrollment Record contained in this registration packet. Parents/Guardians or pick up persons may be asked to show their photo ID at any time throughout the term. Girls Inc of Pinellas uses a computerized scanning system that assigns a unique bar code to each child located on their individual ID badge kept at the Center front desk. Parents/Guardians or pick up persons must make sure that each child is signed in and out each day of attendance. Parents are responsible for arranging child pick up prior to the center closing at 5:30 pm. If a child remains after closing, a late charge of $1 per minute will be charged to the family account. A non-emergency call to the appropriate authorities will be warranted after 6:15 pm.

Public Relations Release:

I give permission (without compensation) for Girls Inc of Pinellas to use my child's name, photograph, video image, or television production for Girls Inc public relations/promotional purposes only.

**Yes [ ] No [ ]

Child Abuse & Neglect Reporting Requirements:

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with Florida Statutes.

Head Lice Checks:

Per licensing requirements, Girls Inc. of Pinellas periodically does head lice checks. If there is any indication of head lice or nits, families will be notified and required to pick up their child immediately.

Payment Policies:

Non Student Day drop in tuition and Spring Break Camp tuition is due one week prior to attendance. Weekly tuition for the Before and After School Program is due every Friday prior to the week attending. Please note that we do not offer a part-time tuition rate, your weekly rate applies even if your child attends only part of the time. Our administrative office will regularly inform parents of their current balance by providing a customer statement via email. Parents can also request a statement or contact our office at any time for an explanation of their balance.

If your account has a previous remaining balance, this will need to be paid in full prior to Before and After School Program enrollment and attendance.

Nonpayment of weekly tuition will result in termination of enrollment after two weeks. If families are unable to make a weekly tuition payment, please contact the office immediately to speak to someone about a payment plan.

Additional Fees:

- Payments are due weekly by Friday. There is a $10.00 late charge if payment is not received by the close of business Monday.
- $1.00 per minute will be assessed for late pick-ups and will be added to the balance owed.
- $35.00 will apply in the case of an insufficient funds check and will be added to the balance owed.

Payment options are flexible and can be made by:

- Credit card (payment link will be sent after registration)
- Money order or Check received in our office
- ***Cash will not be accepted***

By signing below I acknowledge that I have read, understand, and agree to all policies, releases and statements contained in this document.

Parent/Guardian Signature:_____ Date: _____

Print Name:_____

Parent Email:_____@_____

If the contact information (name, phone#, address, email) for any person included in this registration packet changes at any point during the term OR if you wish to add additional contacts, please contact the office immediately to update the record.

Girls Incorporated of Pinellas
Public Relations Release Form

I give permission (without compensation) for Girls Incorporated of Pinellas to use my child's name, photograph, video image, or television production for public/relations/promotional purposes.

By signing this Release Form I acknowledge that I have the legal authority to make this decision.

_____ _____
CHILD'S NAME CHILD'S NAME

_____ _____
PARENT/GUARDIAN PRINTED NAME RELATIONSHIP TO CHILD

_____
SIGNATURE

_____
DATE

QUALITY CHILD CARE

Quality child care offers health, 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 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 frequently 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.
- Displays children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.

QUALITY ACTIVITIES

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, Drawing, storytelling, music, dancing and Other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, explore, and problem-solve.

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 children's center policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the children's center.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in the children's center.
- Arrange alternate care for a sick child.
- Familiarize yourself with the child care standards used to license the children's center.

PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact 211 Tampa Bay Cares at 2-1-1.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.

For further information about child care in Florida or to view children's center inspection reports, visit the website:

MyFLFamilies.com/ChildCare

Florida HEALTH Pinellas County

Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

The statewide toll-free telephone number for reporting child abuse is 1-800-96 ABUSE (1-800-962-2873). Reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect received through the Abuse Registry number are referred to the Pinellas County Sheriff's Department for investigation.

KNOW YOUR CHILD'S CHILDREN'S CENTER

Nursery School ✸ Kindergarten

Day Nursery ✸ School Age Center

pclb

licensing childcare since 1951

PINELLAS COUNTY LICENSE BOARD
for Children's Centers and
Family Child Care Homes

8751 Ulmerton Road, Suite 2000
Largo, FL 33771
Telephone 727-507-4857
www.pclb.org

The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.

C-0002 (Rev.08/16)

PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers.

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

A LICENSED CHILDREN'S CENTER MUST:

- Adhere to its licensed capacity at all times.
- Post a schedule of daily activities.
- Have first aid and emergency procedures, and post evacuation diagrams in each room.
- Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- Report suspected child abuse to the statewide toll-free telephone number.
- Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- Document required information when administering medication.
- Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- Maintain vehicles in safe condition if transportation is provided.
- Obtain parent's or legal guardian's permission before transporting children.
- Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

CHILDREN'S RECORDS REQUIREMENTS

The following documentation is required to be maintained in the children's center for each child in care:

- A signed statement that parent or legal guardian received a copy of this brochure.
- A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- A current health examination record (not required for school age children).
- A current Florida Certificate of Immunization (not required for school age children).
- A notarized Emergency Medical Release.
- Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- Primary hours of care and days of week in care.
- Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- Hospital preference.
- Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- Name, address, and telephone number of parent or legal guardian.
- Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- Name, address and telephone number of physician and dentist.
- Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

PERSONNEL REQUIREMENTS

- Director has a Director Credential with the certificate posted.
- Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- Completion of background screening.
- Completion of 40-Hour Introductory Child Care training.
- Completion of 10 hours training annually.
- Completion of early literacy training (not required for school age centers).
- Documentation of educational requirements.
- Meet minimum age requirements.
- Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- Staff trained in first aid and CPR on the premises at all times and on field trips
- Staff maintain direct supervision including minimum adult-child ratios:

2 months-1 year	1 adult for 3 children
1 year-2 years	1 adult for 5 children
2 year olds	1 adult for 10 children
3 year olds	1 adult for 15 children
4 year olds	1 adult for 20 children
5 years and up	1 adult for 25 children

NUTRITIONAL REQUIREMENTS

- Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
  - Posted meal and snack menus.
  - Safe drinking water is available.

PHYSICAL ENVIRONMENT

- Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.
- Has indoor and outdoor space that is clean and free of litter and other hazards.
- Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.
- Has appropriate bathroom facilities that are operable, clean and sanitized (daily).
- Has isolation area for ill children.
- Has equipment for proper sanitary hand washing, toileting, and diapering activities.
- Has at least one corded, operable telephone available to staff.

HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

- Annual approved fire inspections conducted.
- Monthly checks to ensure all areas of the children's center are free from fire hazards.
- Smoking is prohibited on premises.
- Storage of toxic and hazardous materials in areas inaccessible to children.
- Fire and emergency drills conducted as required.
- A labeled, fully stocked first aid kit.
- Parent(s) or legal guardian(s) notified of all animals on site.
- Records of immunizations for animals/fowl.
- Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).
- Prohibit narcotics, alcohol or other impairing drugs on the premises.
- Bimonthly outdoor equipment maintenance checks.