



Clearwater JWB Grant Participant Information Form

(Office use only) Member ID #		
Program Start Date		
Program End Date		
☐ After School	□Summer □Annual Review	

Participant Name Sex	(2)	☐ North Gree	nwood 🗖 Ross Norto	n	
Parent/ Guardian's Name: Parent Contact Numbers #1: #2 #3: Place of Employment: E-Mail: Person(s) to be notified in case of an emergency when parent cannot be reached, and relationship to participant. Person(s) to be notified in case of an emergency when parent cannot be reached, and relationship to participant. Phone #: Relationship The Juvenile Welfare Board of Pinellas County funds this program and requires information on the household arrangement participants. Please complete the information in the box below. This information will be kept confidential and will be used on purpose of evaluating the program and measurable outcomes. Program participation requires attending daily program, 3 week. Mousehold Arrangement: Race Single Parent Dual Parent White Black, African American American Indian or Alaska Native Asian In American Other Relative/Kinship Female Head American Indian or Alaska Native Asian In American Other Pacific Islander (Fijian, Tongan, etc.) Other Pacific Islander (Fijian, Tongan, etc.) Other Pacific Islander (Fijian, Tongan, etc.) Some other race Multiracial Mult	(Please Print Clearly) Participant Name:		Age: Da	te of Birth:	
Parent Contact Numbers #1: #2: #3: Place of Employment: E-Mail: Person(s) to be notified in case of an emergency when parent cannot be reached, and relationship to participant. Phone #: Name Relationship Phone #: Name Relationship The Juvenile Welfare Board of Pinellas County funds this program and requires information on the household arrangement participants. Please complete the information in the box below. This information will be kept confidential and will be used on purpose of evaluating the program and measurable outcomes. Program participation requires attending daily program, 3 week. Household Arrangement: Race Black, African American Granale Head Married American Indian or Alaska Native Asian Ir Ghale Head Non-married Chinese Filipin Japanese Korean Gremale Head Male Head Guamanian or Chamorro Samoan Male Head Non-Relative Other Asian (Hmong, Laotian, Thai, Pakistani, Cambodia Guamanian or Chamorro Samoan Male Head Non-Relative Other Pacific Islander (Fijian, Tongan, etc.) Some other race Multiracial Mumber of Adults In Household: Ethnicity Gross yearly combined household income: Non, not of Hispanic descent Yes - Mexican, Mexican American, Chicano	Sex:	School:	School ID #:	Entering Grade:	
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Person(s) to be notified in case of an emergency when parent cannot be reached, and relationship to participant. Phone #:	Parent/ Guardian's Name:				_
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Name Relationship Relationship Phone #:	Place of Employment:		E-Mail:		-
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□ Male Head □ Non-married □ Chinese □ Filipino □ Japanese □ Korean □ Other Relative/Kinship □ Female Head □ Vietnamese □ Native Hawaiian □ Female Head □ Guamanian or Chamorro □ Samoan □ Other Asian (Hmong, Laotian, Thai, Pakistani, Cambodian, Thai, P	☐ Single Parent	☐ Dual Parent	□ White	☐ Black, African American	
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	Gross yearly combined household income:		☐ No, not of Hisp	panic descent	
☐ Yes - Puerto Rican	.			ican	
	Gender: Male Female Trans Male Trans Female				
☐ Gender Non-Conforming ☐ Yes – Other Hispanic, Latino, or Spanish Origin	Ispanic, Latino, or Spanish Origin				





How did you hear about us? (Check all that apply.)

Court	Death & Dying Services		
☐ Developmental Intervention & Evaluation	 Domestic Violence Provider 		
☐ Eckerd Community Alternatives (Community Based Care)	Employment Assistance/Job TrainingFamily Support Services		
☐ Faith Based Organization			
☐ FDLRS-FL	☐ DCF		
☐ FI Dept of Health	☐ FI Dept of Juvenile Justice		
☐ Friend/Relative/Legal Guardian	☐ Hospital		
☐ Housing Program	☐ Law Enforcement		
☐ Medical Services	☐ Neighborhood Family Center		
☐ Pinellas County Schools	☐ Pinellas County Health & Human Services		
☐ Private School	☐ Recreation Program		
☐ Refugee/Immigrant Program	□ Self		
☐ Shelter Services	☐ Support Group		
☐ Vocational Rehabilitative Services	☐ Youth Development Program		
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special circumstances, they must be approved by significant. Will participant be walking or riding a bike to and for Bicycle/Walking Permission Form; participants must be approved by significant. Does participant have any allergies to food/insects. Does participant require reasonable accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities? If yes, please notify staff of accommodation program activities?	from program each day? If yes, please complete the ust be at least 10 years old to walk or bike to the center. Sold systems on the center of t		
WAIVER AND REL	EASE OF LIABILITY		
By its nature, participation in recreational activities can include a risk of injury. Consider your physical fitness and training, rules and regulations, safety practices and associated risks when participating in the recreational activity of your choice.			
Since the City of Clearwater is not aware of me or my dependence consideration of the benefits and opportunities afforded to me of City of Clearwater, I state as follows: If I or my dependent(s) should suffer an injury or illness as a part have me or my dependent(s) transported to a medical facility for the pay any expense incurred for this treatment. I further agree to interpret or agents for any personal injury my dependent(s) or I response.	or my dependent(s) by participation in activities sponsored by the ticipant, I authorize City representatives to use their discretion to treatment and I take full responsibility for this action and agree to ndemnify and save and hold harmless the City of Clearwater, its'		
Parent/Guardian Signature	Date		



PARENT AGREEMENT LETTER



Thank you for applying for a scholarship to the City of Clearwater's Out of School Time (OST) Program funded in whole or in part by the Juvenile Welfare Board of Pinellas County ("JWB"). To maintain a scholarship, each participant must comply with the following performance measures and minimum service levels.

In order to enroll in the scholarship program, the participant intake packet must be completely filled out. Proof of income, county residency, and age verification will also need to be provided and on file at the facility.

- All participants are required to complete any program measuring tool required by the grant funder.
- We reserve the right to remove a participant due to behavioral issues.
- Participants are required to participate in enrichment programs throughout the year such as teacher enrichment
 activities, teacher tutoring, guest speakers, educational programs, community service projects, etc. Participants at
 North Greenwood may be exposed to sensitive curriculum (puberty, abstinence, reproductive systems, and sexually
 transmitted infections).
- Participants absent for more than five (5) consecutive days with no contact from the parent/guardian will be removed from the scholarship program.

After School Program

- The After-School Program is FREE to all qualifying participants and includes School's Out Days and Fall and Spring Camp programs.
- Participants enrolled in the scholarship program must attend a minimum of one hour per day and may not be absent for more than five (5) days per calendar month.
- Priority summer registration is contingent on participant attendance.
- Program hours are as follows:

Elementary School After School Program, school dismissal—6p.m. (Ross Norton) Middle and High School After School Program, school dismissal—7:00 p.m. (North Greenwood) Holiday camps and School Out Days hours are 7:30a-5:30p

Summer Program

- The Summer Program is only available to qualified participants enrolled in Pinellas County schools
- Scholarship participants are required to attend the full program. Failure to do so will result in disqualification of future Before School, After School, and Summer Camp scholarship/grant programs.
- Camp hours are 8:30 a.m. 5:30 p.m.
- Field trip eligibility is determined by participant's behavior and attendance.
- Structured camp activities occur between 9:00 a.m. and 4:00 p.m. each day. Supervised, less structured activities are planned for early morning and late afternoon. In order to keep all our campers safe, children must be checked in and signed out each day. Children may not be picked up by anyone other than those listed on their registration forms. Please be prepared to show a government issued photo ID.

forms. Please be prepared to show a government issued photo ID.				
I have read and acknowledge the grant guidelines put forth forfeited if the guidelines are not maintained.	by the City of Clearwater. My child's scholarship may be			
Participant's Name (printed):				
Parent/Guardian Signature:	Date:			



Parent Understanding of After School/Camp Policies



Summer Program Hours: Children may be dropped off at camp as early as 8:30 a.m. and picked up no later than 5:30 p.m. In order to keep all our campers safe, we will be implementing a drive thru pick-up and drop off procedure. Please be patient as there may be added wait times. Children may not be picked up by anyone other than those listed on their registration forms. Please be prepared to show a government issued photo ID.

Social Distancing: Camp activities will include a variety of traditional sports, games, activities, and events. While we will limit the amount of interaction and encourage social distancing, with children it is impossible to implement at all times. Activities may include, but are not limited to: swimming, playing sports like basketball, tennis, and volleyball where the sports ball is touched by many participants, and active games. Regular handwashing will occur throughout the day, especially after these types of activities.

Sick Child Policy: Please Help Keep Our Camp Healthy! Parents are required to do a health check on their child prior to bringing them to camp. If your child has a new cough, sore throat, shortness of breath, or a fever, do not bring them to camp. Children who exhibit these symptoms during camp will be isolated and parents will be called for immediate pick up.

Late Pick Up Policy: Children are to be picked up from the center by 5:30 p.m. Contact the staff as soon as possible to let them know if you are running late. A late fee of \$1 per minute will be enforced if a child is picked up after 5:30 p.m.

Videotape, Photographic, and Sound Release: I, the undersigned, hereby grant the City of Clearwater permission to make still pictures, videotapes, and sound recordings, separately or in combination, of my child, and I also give the City of Clearwater permission to use the finished videotapes, still pictures, and/or sound recordings for all City of Clearwater related purposes. Further, I relinquish and give to the City of Clearwater all rights, title and interest I may have in the finished videotapes, still pictures, and/or sound recordings, duplicates, and prints for all City of Clearwater related purposes.

Movie/Video Game Policy: During rainy days or quiet times, children may watch movies or play video games at camp. Most movies shown at camp are rated G, or PG and video games are rated E. (Middle School campers may view PG 13 movies or play video games rated T.) Movie titles are usually announced each week. By signing below, you give permission for your child to view movies shown at camp. Please notify the camp staff if you have any concerns about the content of movies or video games. Children should not bring movies or video games to camp.

Cell Phones & Electronic Devices: Please do not allow children to bring cell phones, computers, electronic devices, games, toys or other expensive items to camp. Even under close supervision, these items tend to get damaged, lost or stolen. The city assumes **no** responsibility for the loss or damage of these items if brought to camp.

Sunscreen: Children will be participating in outdoor activities on a daily basis and will be exposed to the Florida sun. To avoid sunburns, it is recommended that parents apply a waterproof sunscreen to children each day before they come to camp and send in a spray bottle of sunscreen (labeled with the child's name) for later applications. Staff is not responsible for applying sunscreen to the children but will assist when needed.

Nutrition: When school is in session, all snacks are provided by PCSB and follow the PCSB nutrition guidelines. Summer food and snacks are provided by Pinellas County Summer Food Program which follows nutritional State guidelines. The City will provide lunch when the above entities are closed. We strive to limit sugar intake. Staff will never use food or toileting as a punishment.

Water Bottles: We want all our campers to stay safe and hydrated. Please send a filled water bottle (with your child's name on it) to camp each day. There are bottle filler locations at each camp for refills.

Parent/Guardian, signing below verifies that you unde	rstand the above information and have received a Parent Packet.
Parent/Guardian Name (Please Print)	Child/Camper Name (Please Print)
Parent/Guardian Signature	 Date





Clearwater Summer JWB Camp 2021 Parent Information

Thank you for registering your child for summer camp with the City of Clearwater. We are committed to providing a safe and fun camp experience to children in our community. In order to accomplish this goal and follow current CDC, Federal, State of Florida, and local guidelines, we are implementing the following precautions for this summer.

- 1. We are limiting the size of camp this year. All camps will be at reduced capacity.
- 2. The usual camp fee of \$50 will be waived this summer.
- 3. We are hoping to offer field trips this summer, but will only do so if they can be conducted safely. More information and a schedule of activities will be available on the first day of camp.
- 4. We will be lowering our usual staff to camper ratio. Groups or Pods will be made up of no more than 15 children of a similar age who will stay together for the entire day.
- 5. Masks will be required at drop off and pick up, when children are moving through the facility or are outside of their Pod group, or when 6ft social distancing cannot be maintained.
- 6. Games and activities will be planned that limit contact, but due to the nature of children, there will be times when Pod members are closer than 6 feet apart.
- 7. Each Pod will have its own set of recreation supplies (balls, hula hoops, frisbees, etc.) These supplies will be shared by campers in the designated groups and will be sanitized daily. Children will be given their own personal set of arts & crafts supplies to keep sharing to a minimum.
- 8. Handwashing will be built into the schedule and required between activities.
- 9. We will have increased hand sanitizer stations and cleaning and sanitation practices will also be increased.
- 10. Children will not be allowed at camp if they have a fever over 100.3 or are exhibiting COVID19 symptoms as listed on the CDC website. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- 11. We are asking parents to check temperatures each morning before bringing your child to camp. We will also be checking temperatures during drop off.
- 12. If a child develops symptoms, they will be isolated in a designated room and they will have to be picked up immediately. If your child has a fever, they cannot return to camp for 72 hours and must be symptom free.
- 13. Most camps will have a drive-thru drop-off and pick-up procedure to limit the number of individuals on site. Please be patient and remember to have your ID ready when picking children up.
- 14. Even with all the above precautions, there may be times when a camper or staff member tests positive causing other campers or groups to quarantine. Parent's will be notified as soon as possible if your child will be affected by the quarantine.

Please keep in mind that these are procedures put into place according to the best information we have at this moment, and things could change. We will do our best to communicate any and all changes to you in a timely manner. Please feel free to contact your camp coordinator with any questions or concerns.

