



## My Backyard, Inc.

Currently Registering for the 2011 Summer Camp Program  
"Food, Fun & Sun Summer Program" Campers Age 10-14

Contact: Ms.Iris Rouco  
Director, Educational Coordinator

Location: 15650 Miami Lakeway North  
Miami Lakes, Florida 33014

Office #: 305.823.4340  
Email: [imybackyard@yahoo.com](mailto:imybackyard@yahoo.com)

Date of Opening: Monday, June 20, 2011  
Last Day of Program: Friday, July 29, 2011

Doors will Open at: 8:30 a.m.  
Doors will Close at: 6:30 p.m.

Camp Fee: \$450.00  
\*\*\*\*\*Scholarships available to the 1<sup>st</sup> 40 registered campers.\*\*\*\*\*  
\$575.00 Camp Fee for Campers Registering  
between June 10,2011-June 17,2011

Meals included: Breakfast, Lunch & Snack

Educational Activities: FCAT Reading Program

Fieldtrips: Seaquarium, Roller Skating, Ice Skating, IMAX  
Movie Theatre, Bowling, CB SMITH Water Park,  
City of Hialeah Pools And Venetian Pool,etc...

Recreational Activities: Fencing Classes, Hip Hop Classes, Art Classes  
Social Skills and Outside Sports

**\*\*\*All Payments are Non-Refundable.\*\*\***



**REGISTRATION**

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ 2010/2011 Grade: \_\_\_\_\_

School: \_\_\_\_\_ School ID #: \_\_\_\_\_

Academic areas requiring help: \_\_\_\_\_

Any Allergies, Seizures, Medications: \_\_\_\_\_

E-Mail Address of Parent/Guardian: \_\_\_\_\_

How did you hear about My Backyard? \_\_\_\_\_

**Mother/Legal Guardian**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

**Father/Legal Guardian**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_



My Backyard Summer 2011



Student's Name: \_\_\_\_\_

**Names of person(s) authorized to pick up student:**

Name	Relationship to Student	Daytime Phone Number
1.		
2.		
3.		
4.		
5.		

Emergency Contacts	Relationship to Student	Daytime Phone Number
1.		
2.		

This is to authorize the release of the information contained on this form to My Backyard Youth Center. I certify that this information is true. I understand that this information is for statistical purposes only and will be kept confidential as stipulated in the Federal Privacy Act of 1968.

In case of emergency, we will call 911 in order to ensure the safety and well-being of your child. Any and all necessary procedures will be administered, awaiting the arrival of EMTs. Please mark your approval.

I AGREE

I DISAGREE

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**Hold Harmless Release Form**

We (I) give permission for my child \_\_\_\_\_ to participate in the recreational/sports activities at *My Backyard Program*. We (I) assume all responsibility for any medical cost that may result from injury.

My medical insurance carrier name is: \_\_\_\_\_  
and my policy number is: \_\_\_\_\_

The physician to contact is:  
Physician's Name: \_\_\_\_\_  
Physician's Phone: \_\_\_\_\_

During the day, the parental contact number for emergencies is:  
Parent's Name: \_\_\_\_\_  
Parent's Day Phone: \_\_\_\_\_

**HOLD HARMLESS  
RELEASE OF LIABILITY / ASSUMPTION OF RISK**

Participation in athletic activities and the use of athletic equipment and/or facilities involves a risk of accidental injury despite all safety precautions. We (I) assume all risk and hazards incidental to these activities, and release *My Backyard*, its Board Members, Directors, independent contractors, volunteers, all employees, and St. Margaret's Episcopal Church, for any illness or injury to my child occurring during participation in any activity, or use of any facility, conducted by *My Backyard*.

X \_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

*Please, sign this page and return the "Behavior Contract for My Backyard", to My Backyard's Administrative Assistant, before your child's first day at the program.*



## **Acknowledgment of Receipt of Handbook**

**I acknowledge that I have reviewed *My Backyard's* Policies & Procedures Handbook, as published June 01, 2010, and emailed to me. I acknowledge that I am responsible for knowing and understanding the policies and procedures governing the *My Backyard Summer Program*. I agree to follow these rules as a participant in the program.**

**I have reviewed the Handbook personally, together with my child.**

X \_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

X \_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

***Please, sign this page and return the "Behavior Contract for My Backyard", to My Backyard's Administrative Assistant, before your child's first day at the program.***



**Authorization to *My Backyard* to Make Copies of  
Report Cards and Progress Reports**

I hereby authorize *My Backyard* to make the necessary copies of all report cards and progress reports of my child, \_\_\_\_\_ . I understand that I must provide a copy, or I will bring the original to be copied by the staff at *My Backyard*. I understand that *My Backyard* will keep this information confidential and will only use it to assist my child.

X \_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

X \_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

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## Permission to Use Student Photos

I hereby give permission for my child \_\_\_\_\_ to participate in any media related photographs or taping for airing or print. I hereby give *My Backyard* the right and permission without compensation to use photographs of my child and his/her name for public relations purposes.

X \_\_\_\_\_

(Student's Signature)

\_\_\_\_\_

(Date)

X \_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_

(Date)

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## Acknowledgment of Pick-Up Time and Late Fees

I hereby acknowledge that the hours of operation for *My Backyard Summer Program* are 8:30 a.m. until 6:30 p.m., Monday through Friday. The latest I may pick-up my child is 6:30 p.m. and I am responsible for his/her transportation home. I agree to pay a late fee of \$1 for each minute that I am late arriving to pick-up my child after 6:30 p.m. I understand that this late fee will be strictly enforced and paid at the time of the late pick-up. I agree to phone *My Backyard* if extenuating circumstances occur. I understand that if my child has not been retrieved by 6:35, and *My Backyard* has not received a phone call explaining any extenuating circumstances, *My Backyard* will make two attempts to reach the parent by phone, and if this is not successful, the authorities will be notified. I agree to make every attempt to have an alternative plan for when unexpected delays occur.

X \_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_ (Date)

***Please, sign this page and return the "Behavior Contract for My Backyard", to My Backyard's Administrative Assistant, before your child's first day at the program.***



# Child Information Form

**Child's\*:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Mother's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Father's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Does child live with a legal guardian other than mother or father?  Yes  No

If yes, **Guardian's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Street Address\*** \_\_\_\_\_ **City\*** \_\_\_\_\_ **ZIP Code\*** \_\_\_\_\_

**Parent/Guardian Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Child's Gender\***  Male  Female **Child's Date of Birth (mo/day/yr)\*** \_\_\_\_\_

**Child's Race\*:**  American Indian or Alaskan  Asian  Black or African American  
 Pacific Islander  White  Other, please specify \_\_\_\_\_

**Child's Ethnicity\*:**  Hispanic  Haitian  Other, please specify \_\_\_\_\_

**Child's Country of Origin:** \_\_\_\_\_

**Is Child Proficient in English?\***  Yes  No

**Additional/Other language(s) spoken in the home\*:**  Spanish  Haitian-Creole  Other \_\_\_\_\_

**Child's Social Security number\*:** \_\_\_\_\_  No SSN;  prefer not to give SSN

**MDCPS ID Number\*:** \_\_\_\_\_  No MDCPS ID;  prefer not to give MDCPS ID

**Child's Current Grade\*:** \_\_\_\_\_ **Child's Current School\*:** \_\_\_\_\_

**Does child have health insurance (ex., private insurance, KidCare, Medicaid)?\***  Yes  No  
(If not, The Children's Trust may be able to help you find affordable coverage—call 211)

**Does child have a documented disability?\***  Yes  No

- If yes, do you have (check all that apply):*
- an Individualized Family Service Plan (IFSP; if under 3 years old)
  - an Individualized Education Plan (IEP) from the school system
  - a Section 504 Plan
  - a medical diagnosis from a doctor
  - a diagnosis by a state certified/licensed professional (ex., psychologist)
  - disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

*If yes, how would you best classify the type(s)? (check all that apply):*

- Autism Spectrum Disorders
- Chronic Medical Condition
- Developmental Delay (under 5 only)
- Emotional and/or Behavioral Disorder
- Hearing Impairment (or deaf)
- Intellectual Disability (or mental retardation)
- Learning Disability
- Physical Disability
- Speech/Language Impairment
- Visual Impairment (or blind)
- Other Disability \_\_\_\_\_

*I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes.*

**PARENT/GUARDIAN SIGNATURE\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### For Staff Use Only (MUST BE COMPLETED)

ORGANIZATION: \_\_\_\_\_ SITE LOCATION: \_\_\_\_\_

\*Required fields



## AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

I hereby:

consent and authorize      or       do not consent and authorize

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, 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.

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, their staff, service providers, employees, agents, affiliates and Board members.

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