



Isle of Faith

Summer Camp 2024

Enrollment Checklist

Please complete each line and sign each page where indicated.

1. Weekly Sign Up _____
2. Application for Enrollment Form _____
3. Parent Agreement (Handbook) _____
4. PG Movie Permission Slip _____
5. Walking Permission Slip _____
6. Field Trips Permission Slip _____
7. BRAVOZ's Waiver _____
8. Pool Permission Slip _____
9. INFLUENZA Brochure _____
10. DISTRACTED DRIVER Brochure _____
11. \$100 nonrefundable Registration fee _____
12. 15% Deposit fee (nonrefundable) _____
13. Tuition Express Payment Authorization _____

Weekly camp tuition is \$275.00

All campers are required to register for all the weeks that he/she would like to attend. The registration fee is required at the time of registration. Two weeks later, the 15% nonrefundable deposit of all weeks that camper will attend is due. (example: if your camper signs up for 3 weeks, you will pay \$100.00 registration fee, then two weeks later you pay \$123.75 deposit fee). Then each Monday the camper attends, you will pay \$233.75). However, if you pay the deposit along with your registration fee, we will discount the Registration fee by \$50.00.

Print Childs Name _____ Date/Time _____

Isle of Faith Summer Camp 2024

Weekly Events at a Glance

Camp consists of Games, Crafts, Group Activities, Outdoor Activities, Water Activities, Movies, Fieldtrips, Special Guests,



Week 1: June 3rd – June 7th

- **Mon. 6/3/24**
+ GameTimeGameTruck 1:00-3:00
- **Tues. 6/4/24**
+ Soccer Shots 10:00-11:30
+ Clark's Critters 1:00-2:00
- **Wed. 6/5/24**
+ Bible Club 1:00-2:00
- **Thur. 6/6/24**
+ Dance 1:00-2:00
+ Happy Face Ice Cream Truck 3:00
- **Fri. 6/7/24**
+ Water Slides 10:00-2:30
+ Water Tag 10:00-11:30
+ Domino's Pizza 12:00

Week 2: June 10th – June 14th

- **Mon. 6/10/24**
+ GameTimeGameTruck 1:00-3:00
- **Tues. 6/11/24**
+ Soccer Shots 10:00-11:30
- **Wed. 6/12/24**
+ Bible Club 1:00-2:00
- **Thur. 6/13/24**
+ Dance 1:00-2:00
+ Happy Face Ice Cream Truck 3:00
- **Fri. 6/14/24**
+ Pizza Lunch 11:30
** Field Trip to PVPV YMCA Pool
12:30-3:40

Week 3: June 17th – June 21st

- **Mon. 6/17/23**
+ KidFit 9:30-10:30
- **Tues. 6/18/24**
+ Soccer Shots 10:00-11:30
+ Smart Parties Hands on Science 1:00-3:00
- **Wed. 6/19/24**
**** IOF CLOSED ****
- **Thur. 6/20/24**
+ KidFit 9:30-10:30 OR on Fri.
+ Dance 1:00-2:00
+ Happy Face Ice Cream Truck 3:00
- **Fri. 6/21/24**
+ GameTimeGameTruck 1:00-3:00

Week 4: June 24th – June 28th

- **Mon. 6/24/24**
+ KidFit 9:30-10:30
+ GameTimeGameTruck 1:00-3:00
- **Tues. 6/25/24**
+VBS 9:00-10:00
+ Soccer Shots 10:00-11:30
- **Wed. 6/26/24**
+VBS 9:00-10:00
+ KidFit 9:30-10:30
- **Thur. 6/27/24**
+VBS 9:00-10:00
+ Dance 1:00-2:00
+ Happy Face Ice Cream Truck 3:00
- **Fri. 6/28/24**
+VBS 9:00-10:00
+ Pizza Lunch 11:30
** Field Trip to PVPV YMCA Pool
12:30-3:40

Week 5: July 1st – July 5th

- **Mon. 7/1/24**
+ KidFit 10:30-11:30
- **Tues. 7/2/24**
+ Soccer Shots 10:00-11:30
+ Smart Parties Hands on Science 1:00-3:00
- **Wed. 7/3/24**
+ KidFit 9:30-10:30
+ Bible Club 1:00-2:00
- Thur. 7/4/24**
*** IOF CLOSED ****
- **Fri. 7/5/24**
+ GameTimeGameTruck 1:00-3:00

Week 6: July 8th – July 12th

- **Mon. 7/8/24**
+ KidFit 9:30-10:30
+ GameTimeGameTruck 1:00-3:00
- **Tues. 7/9/24**
+ Soccer Shots 10:00-11:30
- **Wed. 7/10/24**
+ KidFit 9:30-10:30
+ Bible Club 1:00-2:00
- **Thur. 7/11/24**
+ Dance 1:00-2:00
+ Happy Face Ice Cream Truck 3:00
- **Fri. 7/12/24**
+ Pizza Lunch 11:30
** Field Trip to PVPV YMCA Pool
12:30-3:40

Week 7: July 15th – July 19th

- **Mon. 7/15/24**
+ KidFit 9:30-10:30
- **Tues. 7/16/24**
+ Soccer Shots 10:00-11:30
+ Clark's Critters 1:00-2:00
- **Wed. 7/17/24**
+ KidFit 9:30-10:30
+ Bible Club 1:00-2:00
- **Thur. 7/18/24**
** Field Trip to Bravoz 8:30-2:30
- **Fri. 7/19/24**
+ GameTimeGameTruck 1:00-3:00

Week 8: July 22nd – July 26th

- **Mon. 7/22/24**
+ KidFit 9:30-10:30
+ GameTimeGameTruck 1:00-3:00
- **Tues. 7/23/24**
+ Soccer Shots 10:00-11:30
- **Wed. 7/24/24**
+ KidFit 9:30-10:30
+ Bible Club 1:00-2:00
- **Thur. 7/25/24**
+ Dance 1:00-2:00
+ Happy Face Ice Cream Truck 3:00
- **Fri. 7/26/24**
+ Pizza Lunch 11:30
** Field Trip to PVPV YMCA Pool
12:30-3:40

Week 9: July 29th – Aug. 2nd

- **Mon. 7/29/24**
+ KidFit 9:30-10:30
+ GameTimeGameTruck 1:00-3:00
- **Tues. 7/30/24**
+ Soccer Shots 10:00-11:30
+ Smart Parties Hands on Science 1:00-3:00
- **Wed. 7/31/24**
+ KidFit 9:30-10:30
+ Bible Club 1:00-2:00
- **Thur. 8/1/24**
+ Dance 1:00-2:00
+ Happy Face Ice Cream Truck 3:00
- **Fri. 8/2/24**
+ Water Slides 10:00-2:30
+ Water Tag 10:00-11:30
+ Domino's Pizza 12:00

Week 10: Aug. 5th – Aug. 9th

- **Mon. 8/5/24**
+ KidFit 9:30-10:30
+ GameTimeGameTruck 1:00-3:00
- **Tues. 8/6/24**
+ Soccer Shots 10:00-11:30
+ Clark's Critters 1:00-2:00
- **Wed. 8/7/24**
+ KidFit 9:30-10:30
+ Bible Club 1:00-2:00
- **Thur. 8/8/24**
+ Dance 1:00-2:00
+ Happy Face Ice Cream Truck 3:00
- **Fri. 8/9/24**
**** IOF CLOSED ****



Isle of Faith Summer Camp 2024

Weekly Sign-Up Form

Child's Name: _____ **Age:** _____

Grade during 2023-2024 School Year (K-5) _____

Place a Check Mark by Each Week camper will attend:

- WEEK 1:** June 3 – June 7
- WEEK 2:** June 10 – June 14
- WEEK 3:** June 17 – June 21 (Closed Wednesday, June 19th)
- WEEK 4:** June 24 - June 28
- WEEK 5:** July 1 – July 5 (Closed Thursday, July 4th)
- WEEK 6:** July 8 – July 12
- WEEK 7:** July 15 – July 19
- WEEK 8:** July 22 – July 26
- WEEK 9:** July 29 - August 2
- WEEK 10:** August 5 – Aug. 8 (Closed Friday, Aug. 9th)

-----Below for Office Personal Only-----

Packet Turned In & Registration Fee Paid Date: _____ Received By: _____

Balance Due: \$ _____ Balance Due Date: _____

Balance Paid Date: _____ Amount: _____ Received By: _____



Isle of Faith Child Development Center Child Care Application for Enrollment

FOR OFFICE USE ONLY
Enrollment Date _____

Student Information: Date of Birth: _____ Sex: _____

Full Name: _____

Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ to: _____

Days of Week in Care: __ M __ Tu __ Wed __ Th __ Fri

Family Information: Child lives with: _____

Custody: __ Mother __ Father __ Both __ Other (specify) _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Emergency Contacts: Student may be released to the following people who also may be contacted and are authorized to remove student from the facility in cases of illness/accident/emergency or if custodial parent or legal guardian cannot be reached.

Name	Address	Home/Cell Phone	Work Phone

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor / Dentist	Address	Phone #
Hospital Preference:		

Please list allergies, special medical or dietary needs, or other areas of concern:

Please provide helpful information about Child:

Are you leaving a school to attend Isle of Faith CDC? Is so, please provide prior school and state what you hope we can do differently, if anything, to help your child.

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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 Parent/Guardian

Date

Parent Agreement Form

Isle of Faith Child Development Center

1821 San Pablo Road
Jacksonville, Florida 32224
(904) 221-5437

I have read the Isle of Faith Child Development Center Parent Handbook and agree to follow the policies contained within it, including but not limited to:

- general services to be offered
- requirements for admission and procedures for enrollment
- health policies (including illnesses--shot and immunization forms are required before child can attend school)
- fees and payment policies
(I understand my child may not attend IOF if I have not paid his/her tuition (weekly tuition is due each Monday). I understand I may be called to pick up my child if I have not paid his/her tuition.)
- rules relating to personal belongings (I understand IOF will not reimburse me for loss or damage to personal items.)
- policy defining discipline procedures
- information regarding complaint procedure
- hours of operation, holidays, and other closures
- parents' right to observe and be involved
- center's Termination/Expulsion Policy

I have read and agree to abide by the CDC policies:

Parent's signature _____

Child's name _____

Date _____

Do you have a Church Family? _____

If yes, where? _____

The Isle of Faith Child Development Center's Parent Handbook is available online at www.iofumc.org. A printed copy is available upon request.



Isle of Faith

Summer Camp 2024

PG Movie Permission Slip

Child's Name _____
(PRINT Childs Name)

Has my permission to watch PG rated Movies at Isle of Faith Child Development Center.

(Parent Signature)

(Date)



Isle of Faith

Summer Camp 2024

Permission Slips

Walking Field Trip To and From Isle of Faith Big Field

I _____, the parent of _____
(PRINT Parent/Guardian name) (PRINT Child's name)

Give permission for my child to participate in a Walking field trip with the Isle of Faith Child Development Center. I understand transportation is by walking and I agree to hold harmless the Child Development Center and any employees and/or Volunteers in the event of an accident. I understand changes may be made due to weather and/or conditions that may develop and are beyond the control of the Center. Finally, I understand if my child's behavior is disruptive or endangers his/her safety or that of others he/she may be excluded from these trips. In this case, I understand and agree that my child will stay at Isle of Faith with the Director or in a downstairs classroom.

Parent/Guardian Signature

Date



Isle of Faith

Summer Camp 2024

Fieldtrip Permission Slips NOT Including Pool Trips

I _____, the parent of _____
(PRINT Parent/Guardian name) (PRINT Child's name)

Give permission for my child to participate in the initialed field trip listed below with the Isle of Faith Child Development Center. I understand transportation is by school bus and I agree to hold harmless the Child Development Center and any employees and/or Volunteers in the event of an accident. I understand changes may be made due to weather and/or conditions that may develop and are beyond the control of the Center. Finally, I understand if my child's behavior is disruptive or endangers his/her safety or that of others he/she may be excluded from field trips. In this case, I will be responsible for providing care for my child, and understand no refund will be given for the day of the missed trip.

**Please Initial by Each Field Trip Approved
Sign and Date at the Bottom**

Field Trips, Dates & Times

Initial

- **Week 7: Thursday. July 15th 2024**

Bravoz from 8:30 – 2:30 -----

Parent/Guardian Signature

Date

**ADDITIONAL MINOR'S RELEASE/WAIVER - PARENT OR GUARDIAN'S ADDITIONAL
RELEASE/WAIVER (Applicable to all participants under the age of 18)**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF TZE USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM TZE IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND TZE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. source: (Section 744.301, Florida Statutes)

In addition to the terms, conditions, and acknowledgments contained in the above **PERPETUAL PARTICIPANT AGREEMENT, RELEASE/WAIVER AND ASSUMPTION OF RISK**, and in consideration of the below printed Minor being permitted by TZE to participate in its activities and to use its equipment and facilities, I further agree to perpetually release, indemnify, and hold harmless TZE and its agents and employees from any and all claims which are brought by, or on behalf of Minor, and are in any way connected to Minor's use of TZE's premises, or participation in TZE activities, **including any such claims caused by, or alleged to be caused by, negligent acts or omissions of TZE.**

Signature of Parent/Legal Guardian: _____ Print Name: _____

Relationship to Participant(s): _____ Phone: _____ Today's Date: _____

Address: _____ City: _____ State: _____

Driver's License No.: _____ DOB (MM/DD/YY): ____/____/____

Minor Name: _____ DOB (MM/DD/YY): ____/____/____

Minor Name: _____ DOB (MM/DD/YY): ____/____/____

Minor Name: _____ DOB (MM/DD/YY): ____/____/____

Minor Name: _____ DOB (MM/DD/YY): ____/____/____

TEAM Z ENTERTAINMENT, LLC
PERPETUAL PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

ONE DAY WAIVER ONLY VALID ON DATE OF VISIT: _____

ONE DAY WAIVER ONLY VALID FOR GROUP NAME: _____

In consideration of the services of Team Z Entertainment, LLC., operator of BravoZ, their agents, owners, officers, volunteers, participants, employees, franchisors, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "TZE"), I hereby agree to release, indemnify, and discharge TZE, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

(1) I acknowledge that my participation in trampoline court, ninja obstacle course, climbing activities and other amusement activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** Slipping and falling; collision with fixed objects or people; injuries including, sprains, fractures, scrapes, bruises and cuts, dislocations, pinched fingers and serious injuries to the head, back, or neck the negligence of other participants, TZE, or myself; my own physical condition; physical contact with others. (2) I expressly agree and promise to accept and assume all of the risks existing in activities at TZE. My participation in activities at TZE is purely voluntary, and I elect to participate in spite of the risks. (3) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless TZE from any and all claims, demands, or causes of action, which are in any way connected with my or my child's participation in activities at TZE or my use of TZE's equipment or facilities, **including any such claims which allege negligent acts or omissions of TZE. I understand that this perpetual release/waiver will apply to each and every occasion that I visit a TZE facility.** (4) Should TZE or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. (5) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. (6) In the event that I file a lawsuit against TZE, I agree to do so solely in the Courts of Duval County in the State of Florida, and I further agree that the substantive law of Florida shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect. (7) I irrevocably grant TZE the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in activities at TZE, I may be found by a court of law to have waived my right to maintain a lawsuit against TZE on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

Email: _____ Phone: _____ Today's Date: _____

Address: _____ City: _____ State: _____

Driver's License No.: _____ DOB (MM/DD/YYYY): ____/____/____

Isle of Faith Summer Camp 2024

IMPORTANT Pool Day Information

- **PLEASE** let us know if your child can **NOT** Swim. They will be given a Life Jacket and Red Neckless/Orange Bracelet.
- All Children will be given a **Swim Test** on their first visit with us. Depending on their swimming ability, they will be given a **Colored Wrist Band and/or Neckless**.
 - **GREEN = Free to swim in deep end:**
They must be able to swim the length of the pool (doggie paddle, freestyle, breast stroke, under water like a fish, exc.) and then tread water for a minute.
 - **YELLOW = Must stay in the shallow water:**
If they can only swim half of the pool
 - **Orange = Required to have a Life Jacket on at all times.**
They **MUST** Have a Life Jacket On and Must stay in the Designated Shallow Area with a STAFF Member at All Times.

Please Know & Understand that the swim test is given by perceptual life guards. However, I, Mrs. Cole, will determine what color Wrist Band they receive. I must feel 100% Confident in Each Childs Ability to keep them ALL SAFE.

SAFTY IS OUR FIRST PRIORITY

**** Attached is the Ponte Vedra YMCA Pool RULES.**

Please note rule #4 on YMCA pool Rules about diving,
We **DO NOT** allow ANY Diving or JUMPING into the pool.

They MUST Sit & Slide into the pool.

Help us keep everyone safe by going over the rules with your child.

**** 1st offense - they must sit out of the pool for 5 minutes**

****2nd offence - they will no longer be allowed to swim**

SAFTY FIRST, FUN Second

What they will Need

- Come w/ Bathing Suit on and shirt/cover up on
- Bring Own Sunscreen w/ First & Last Name on it
 - Child **MUST** be able to Apply Sunscreen Themselves.
We are **LEGALLY Not Allowed** to Apply
- No Floating Devices. Life Jackets will be Provided if Needed
- **Goggles ONLY.** No Mask (Eyewear can NOT Cover Nose)
- Bring a **Complete** Change of Clothes in a Bag Labeled w/ First & Last Name
 - Pants/ shorts/ skirt
 - Shirt
 - **UNDERWEAR!!!!!!!**
 - Socks
 - Shoes
- Must Have **Water Shoes.**
- **Bring TOWEL !!!!!**

YMCA POOL RULES

For The YMCA Aquatic Department, Our number one priority is safety! For this reason, we have implemented the following rules and guidelines. We kindly ask that you follow these policies and procedures to ensure a fun safe time for all of our participants. Thank you!

1. Lifeguards have the authority to enforce all pool rules
2. No one will be allowed in the swimming area unless the pool is officially open and a lifeguard is on duty. Swimming without a Ready-To-Rescue Lifeguard present on deck is prohibited.
3. Running, rough play, dunking, wrestling, or other improper conduct causing undue disturbances on or about the pool area or any acts which would endanger any patron are prohibited.
4. No diving in water less than 9 feet. Front diving only.
5. No prolonged underwater swimming for time and/or distance. Competitive and/or repetitive breath holding can be deadly and is not permitted. Hyperventilation is absolutely not permitted. This is a YMCA Regulation
6. Objects or items deemed to be dangerous or unsafe by lifeguard are not permitted in pool area. or
7. The Health Department requires all patrons must take a cleansing soap shower before entering the deck area. Sun bathers SHOULD shower before each entrance into the water in order to rinse off perspiration, lotions, sunscreens, etc.
8. No street shoes. The swimming pool and decks must be maintained in a sanitary manner for the protection of patrons. Exceptions may be made for participants and spectators of swimming meets or other water sport activities, operating personnel, personnel engaged in repair work or as approved by the Director.
9. Pool users must wear swimming suits or swimming trunks upon entry into the pool. Clothing such as cut-offs, gym shorts, and underwear is not permitted as swimwear. Clean T-shirts may be worn for modesty or medical reasons but first must be sanctioned by the Pool Manager.
10. Food or refreshments may be consumed only in designated areas. Food or refreshments are not permitted on the pool decks (except plastic bottles of water brought by a patron for personal consumption). Glass containers, alcoholic beverages and drugs are not permitted in the pool complex.
11. Use of diving blocks is prohibited - exception only for YMCA Swimming programs
12. Inner tubes, inflated boats, and rafts are not permitted in the pools. Small toys or balls may be allowed in the pools at the Manager's discretion.
13. Persons with open sores or skin diseases are not permitted in the pool. Any person how has or have had diarrhea in the past two weeks, please do not use the pool.
14. All participants are expected to adhere to the YMCA Code of Conduct. Foul language is prohibited.
15. Bringing any animal, other than a registered service animal, onto the immediate premise or allowing any animal to enter the pool water is prohibited.
16. Smoking (tobacco or electronic) is not permitted anywhere in the facilities, buildings, grounds or parking lots.

Aquatics Guidelines related to children

17. All children 12 years of age and under must have an adult with them on the pool deck when in the YMCA facility.
 18. Children 5 years of age and under must be supervised by an adult who is in the water with them. Children NOT potty trained need to wear a
 19. Any child, who cannot swim the length of the pool unassisted, must have an adult in the water with them regardless of the child's age.
 20. Only Coast Guard approved and labeled personal flotation devices may be worn with direct adult supervision. Each individual wearing a persur safety.
- Please consult the pool operator for assistance, if you have questions. Enjoy a safe and fun swim!!!



Isle of Faith

Summer Camp 2024

PV YMCA Pool Field Trip Permission Slips

I _____, the parent of _____
(PRINT Parent/Guardian name) (PRINT Child's name)

Give permission for my child to participate in the field trip to the PV YMCA POOL from 12:30 – 3:30 with the Isle of Faith Child Development Center on the Dates listed and initialed below. I understand transportation is by school bus and I agree to hold harmless the Child Development Center and any employees and/or Volunteers in the event of an accident. I understand changes may be made due to weather and/or conditions that may develop and are beyond the control of the Center. Finally, I understand if my child's behavior is disruptive or endangers his/her safety or that of others he/she may be excluded from field trips. In this case, I will be responsible for providing care for my child, and understand no refund will be given for the day of the missed trip.

**Please Initial by Each Date Approved
Then Sign and Date at the Bottom**

- | <u>Dates</u> | <u>Initial</u> |
|---|----------------|
| • Week 2: Fri. June 14 th 2024 ----- | _____ |
| • Week 4: Fri. June 28 th 2024 ----- | _____ |
| • Week 6: Fri. July 12 th 2024----- | _____ |
| • Week 8: Fri. July 26 th 2024 ----- | _____ |

Parent/Guardian Signature

Date

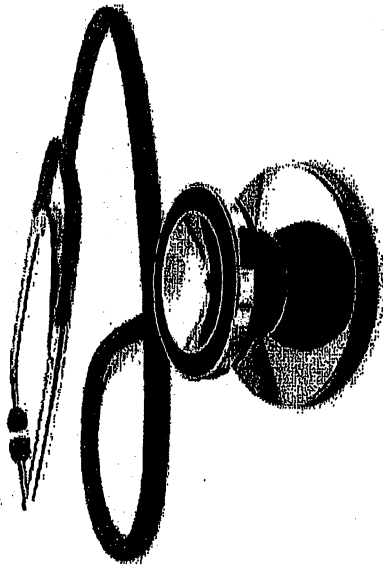
***I have read and understand the "IMPORTANT Pool Day Information" & the "POOL RULES" pages given to me.**

Parent/Guardian Signature

Date

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

CFYPI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

INFLUENZA VIRUS

"The Flu"
A Guide
for Parents

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents:*

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

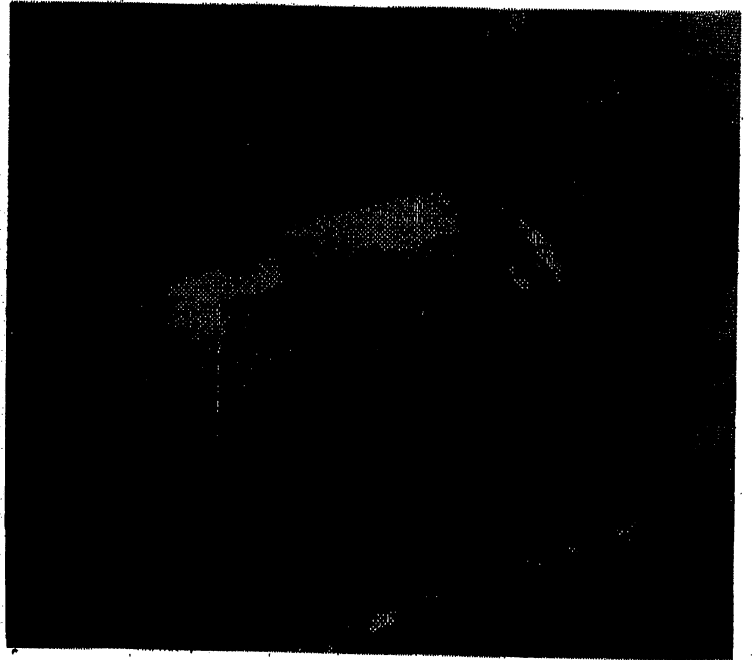


When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

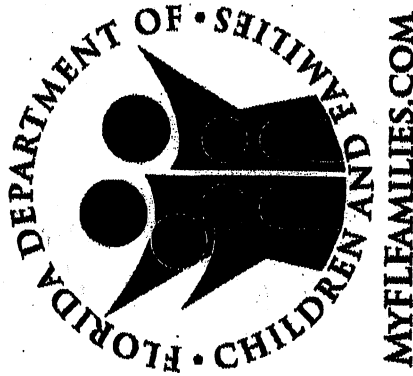
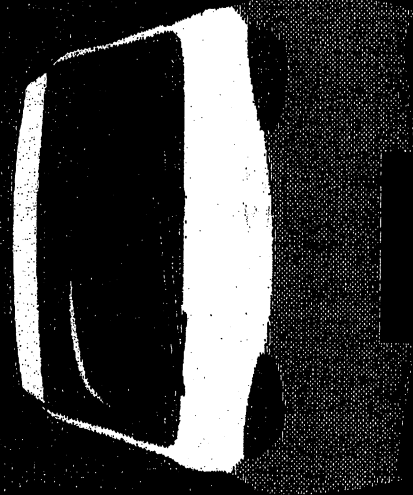
For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

A change in daily routine,
lack of sleep, stress, fatigue,
cell phone use, and simple
distractions are some things
parents experience and can be
contributing factors as to why
children have been left
unknowingly in vehicles...



When life happens... Don't be a

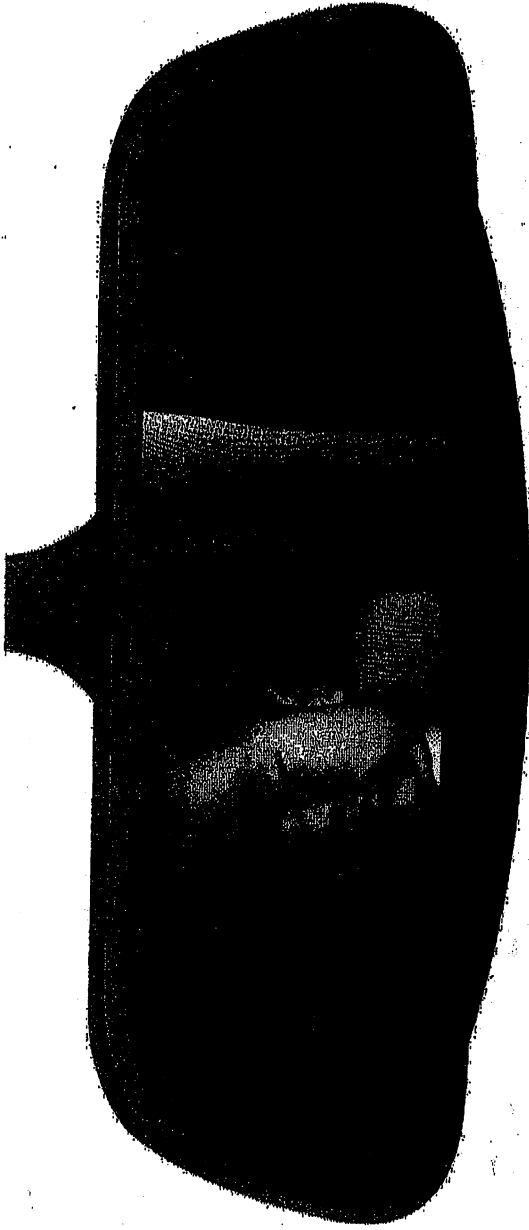
DISTRACTED ADULT



Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2019



FACTS ABOUT

HEATSTROKE:

It only takes a car **10 minutes to heat up 20 degrees** and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

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Account Number	Expiration Date	CVV#	
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