



Kidz XL Summer Camp 2022 Registration Form

Child's Name: _____ Current Grade: _____

Parent's Name: x

APPLICATION CHECK LIST:

- MANDATORY REGISTRATION Fee - \$50 per family
- PROGRAM Cost– Kg-12th \$80/week
- For additional siblings, \$20 discount off original price.

Includes ***EVERYTHING, Field Trip / Special Days / Before and After Care / KXL Shirt***

- REGISTRATION PACKET COMPLETE
 - Financial Agreement; Permission for Contact form
 - Registration Information; Client Confidentiality Agreement
 - Field Trip; Transportation Agreement
 - Health Information Form; Emergency Contact Information
 - Photography Permission
 - Policies and Agreements
 - Birth Certificate of Child; Parent Picture I.D.



We accept children of all abilities.

- **June 13 – August 5, 2022** • **7:30 am to 6:00 pm**

Summer camp includes lunch, snack, sports skills training, daily games with tournaments each week, positive coaches and volunteers, reading groups, character talks, Bible teachings, Theme Fridays, field trips, and special family nights.

Kidz XL Summer Sports Camp 2022

Rules Page

Child's Name: _____

Student's Enrollment Date: _____

Parents: Please read, acknowledge, and sign your agreement to the enrollment of your child in view of the following **rules, guidelines, and programmatic procedures** of Kidz XL:

1. Kidz XL requires that enrolled students attend Kidz XL at least four (4) days every summer camp week that your family is in town (absences during family vacations are understandable).
2. Students will read for 60 minutes every day in a small group setting.
3. Students will be required to participate in daily outdoor physical fitness activities.
4. Students will be taught the Bible weekly.
5. Students will not be allowed to use their I-Pods and / or Nintendo DS / PSPs during the hours of 9:00 am – 5:00 pm.
6. Kidz XL understands the importance of cell phones, BUT cell phones must not be out during 9:00 am – 5:00 pm, UNLESS it is used in the office and / or a student has received a staff member's permission.
7. If a student refuses to participate during any part of the program day, a Kidz XL staff member will notify parents and that student may be suspended from Kidz XL for one program day.
8. Kidz XL is a NO CURSING / NO FIGHTING program. If a student consistently breaks this policy, the student may be suspended from the program.
9. Tennis shoes must be worn every day.
10. Students must not leave the premises of Kidz XL for any reason unless signed out by a parent or guardian. This infraction could lead to a student's suspension or expulsion.
11. Parents must give the Kidz XL Director one (1) week notice if they are withdrawing their child from our program.

Parent Signature: X: _____ Date: _____

CHILD INFORMATION FORM

Child's Last Name _____, First _____ Middle _____

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

Last 4 Digits ONLY of Child's Social Security# No SSN Prefer not to give

Miami-Dade County Public School ID#

Child's Current School _____

Is your Child Proficient in English? Yes No

Other Language(s) Spoken in the Home Spanish Haitian-Creole Other _____ None

Street Address _____ City _____ ZIP Code _____

Child's Ethnicity Hispanic Haitian Other

Child's Race (select only one) American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other Multiracial

Child's Current Grade

Does Child Have Health Insurance (ex., private insurance, Kid Care, Medicaid)? Yes No
(If not, we may be able to help you find affordable coverage-call 211 or visit www.thechildrenstrust.org)

Child's Parent or Primary Guardian (full name) _____

Primary Caregiver Email _____

Primary Phone

(You may be contacted by The Children's Trust to ask about your satisfaction with these services)

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION: * La Viña del Señor Inc. Site Location: Kidz XL Summer Camp

POPULATION MEMBERSHIP (check all that apply): Dep Syst Delin Syst

We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways your child communicates? (Mark all that apply)

- Speaks and is easily understood
- Speaks but is difficult to understand
- Uses sign language
- Uses communication devices like pictures or a board
- Uses gestures like pointing, pulling or blinking
- Uses sounds that are not words like grunting

What, if any, help does your child receive at this time? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Speech/language therapy | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Occupational therapy (OT) | <input type="checkbox"/> Behavioral therapy or services |
| <input type="checkbox"/> Physical therapy (PT) | <input type="checkbox"/> Counseling for emotional concerns |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> None |

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Physical disability or impairment | <input type="checkbox"/> Developmental delay (only if under age 5) |
| <input type="checkbox"/> Medical condition or illness | <input type="checkbox"/> Problems with learning (if school-age) |
| <input type="checkbox"/> Hearing impairment or deaf | <input type="checkbox"/> Problems with attention or hyperactivity (ADHD/ADD) |
| <input type="checkbox"/> Visual impairment or blind | <input type="checkbox"/> Problems with depression or anxiety |
| <input type="checkbox"/> Speech or language condition | <input type="checkbox"/> Problems with aggression or temper |
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> None of the above |

If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? Yes No

To support your child's successful participation in this program, in what areas might s/he need extra assistance? No specific help needed

- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- Sports or physical activities like running or other gross motor tasks
- Managing feelings and behavior
- Academic, learning or reading activities
- Adapting activities to take into account a visual or hearing impairment
- Using assistive device(s) like a wheelchair, crutches, brace or walker
- Personal services like help with feeding, toileting or changing clothes
- Other _____

Please tell us anything else you think it is important for us to know about your child. Please tell us anything else you think it is important for us to know about your child and upon necessary additional information, we may provide you with an individual assessment and/or interview of your child to better serve your family and give the appropriate support that is needed.

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE X: _____
DATE _____

Medical Health History /Authorization and Release Form

Child's Name: _____ Birthdate: _____ Date of Last Physical Examination: _____

Does your child have any ALLERGIES? Yes No (If yes, please list) _____

Illnesses: (please circle)

Does your child have any problems with any of these?

Constipation
Diarrhea
Frequent Colds
Lice
Urinary Problem

Convulsions
Fainting Spells
Frequent Ear Infections
Frequent Sore Throats
Stomach Upsets

Has your child had any of these diseases?

Asthma
Chicken Pox
Heart Disease
Measles
Mumps
Skin Rash

Bronchitis
Diabetes
Hepatitis
Tuberculosis
Polio
Whooping Cough

Is your child currently taking any medications? Yes No (If yes, please list) _____

Other ILLNESSES (besides above) _____

Has your child been HOSPITALIZED? (explain) _____

Has your child had INJURIES with fractures or loss of consciousness? (explain) _____

Any other members of your family with SERIOUS ILLNESS recently? _____

Any other members of your family with history of: ASTHMA _____ DIABETES _____ EPILEPSY _____

INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of *KIDZ XL SPORTS* to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event that said physician is not available at any time, I authorize such care and treatment to be performed by licensed physician or surgeon. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS RESULT OF THE FOREGOING.

Physician's Name: _____ Telephone #: _____

Hospital of Choice: _____ Name of Medical Insurance: _____

Name of Insured: _____ Policy #: _____ Group #: _____

Insurance Contact Telephone #: _____

Parent Signature: _____ Date: _____

Release Agreement

I hereby release, forever discharge and agree to hold harmless Kidz XL and the Kidz XL Summer Sports Camp, After School Program, its directors, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above mentioned Kidz XL and the Kidz XL Summer Sports Camp, After School Program, its directors, employees, and volunteers, for any liability sustained by said organization(s) as the result of the negligent, willful or intentional acts of the below named child, including expenses incurred attendant thereto.

I, X: _____, parent or legal guardian of _____ *
(Guardian's Name) (Child's Name)

Herein authorize the adult sponsor of Kidz XL, Kidz XL Summer Sports Camp and After School Program to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment on the advice of any physician or surgeon licensed to practice in the state of treatment, when need for such treatment is immediate and when efforts to contact me are unsuccessful.

Signature of Parent of Guardian: X _____ Date _____ *

KIDZ XL SPORTS :Policies and Agreements

Please Initial Each Policy Statement

LATE FEE POLICY

X _____ A late fee could be charged to you for picking up your child later than 6:00 p.m. A \$10.00 late fee could be charged for the first 30 minutes. Please be advised that these fees would be collected on the day that the lateness occurs. If you are not able to pay on that day, you will need to make arrangements at the on-site Out-of-School Office to make arrangements towards your payment. IF YOU ARE GOING TO BE LATE PICKING UP YOUR CHILD/CHILDREN, PLEASE CALL KIDZ XL AT (786) 257-6282.

X _____ PLEASE BE ADVISED THAT KIDZ XL SPORTS MAY NOTIFY THE DEPARTMENT OF CHILDREN AND FAMILIES IF YOUR CHILD/CHILDREN ARE NOT PICKED UP BY 8:00 P.M.

Written Policy for recurring behavior problems

Written Policy for accident / injury reports

1. An incident report will be written for all: **1) student behavior problems; 2) accidents or injury; 3) parent concerns.** At the time of pick-up, the parent must sign the incident report signifying that they have read and understand the contents of the report.
2. After the third behavior incident report, the parents or guardians will meet with the KIDZ XL SPORTS staff worker to discuss and determine a plan of action.
3. If a fourth incident report is written concerning the same behavior problem, a second group meeting will be scheduled with the staff worker, Parent and a KIDZ XL SPORTS program leader.
4. Students may be suspended or expelled for behavior problems that have been noted on numerous incident reports and unresolved over meetings with a staff worker.

X: _____
Parent / Guardian Signature Date

Voluntary Consent for Kidz XL Photography: I consent to allow the taking of photos or videos of my child and/or me during program activities. Any photos/videos may reveal my child's and/or my identity without any compensation paid to my child, to me or to others. All photos and videos shall be the sole property of **Kidz XL Sports** and may be used for educational and/or promotional purposes. Please circle one: **YES or NO**

EMERGENCY CONTACT INFORMATION

Child's Name: _____

Father's Name: _____

Mother's Name: _____

Guardian's Name: _____

Street Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Father's

Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Mother's

Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Will both parents be allowed to pick up the child? _____

I / We hereby certify that I/we have legal responsibility for this child.

Signature of Parent/Guardian: X: _____

Emergency Contacts:

Your child will be released **ONLY** to the custodial parent or legal guardian and the persons listed below. Be sure to include the non-custodial parent if they are allowed to pick up your child. ***The following people are authorized to be contacted and to pick up the child in case of illness, accident, emergency, behavioral problems if the parent cannot be reached:***

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

FIELD TRIP RELEASE FORM

For and in consideration of being allowed to participate in the field trips this summer (2022), I, in full recognition and appreciation of the dangers and hazards involved in such activities, do hereby agree to assume all risks and responsibilities surrounding my child's participation in this event and do hereby release and hold harmless La Vina del Senor Inc., DBA Kidz XL (Kidz XL), its Trustees, Board Members, Directors, and Employees, and participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees) claims, judgments, actions or causes of action as a result of any loss or injury to the person enrolled in Kidz XL during or arising out of activities of the above described event and during transportation to and from such event.

I understand that Kidz XL does not, in any manner, serve as principal, agent, or partner of any travel agent or commercial carrier which may provide services to the participants. I have read and understand this release and voluntarily sign this document and allow my child to participate in these series of trips.

I have read and understand this release and I voluntarily allow my son/daughter to participate in this event.

____/____/2022 Parent / Guardian Name: _____

CONSENT TO ADMISSION AND TREATMENT

In the event of injury to the undersigned, born on ____/____/____, Social Security # ____ (Last 4 Digits), I hereby authorize Kidz XL or representatives thereof to admit my child to a facility for emergency medical treatment as may be deemed necessary to my health or welfare.

I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release Kidz XL, its trustees, board members, and employees from any and all claims arising from my admission to such facility or from such treatment administered by such facility.

Persons to contact in the event of as emergency are listed below.

____/____/2022 X: _____
DATE PARENT GUARDIAN NAME

In the event of an emergency, please contact:

NAME TELEPHONE

ADDRESS



La Viña del Señor Inc., dba Kidz XL

Client Confidentiality Policy

Kidz XL has established this policy to guide its client record-keeping processes and, in so doing, protecting its client's information, as well as the integrity of Kidz XL as a trusted agency. The purpose of this policy is to ensure that Kidz XL follows all standards and laws in regards to the safekeeping of the client's confidential information.

The following list gives examples of a client's confidential information:

1. Medical Information
5. Driver's License
6. Social Security Card / Number
7. Passport
8. Birth Certificate

The above list is not exhaustive.

The following operational principles have been established so as to uphold the client's confidential information:

All of a client's confidential information will be filed in a filing cabinet that is kept locked, unless opened by the permitted people. If opened, the filing cabinets must be locked upon completion of use.

The only people permitted to have access to the filing cabinet are the executive director, the program director, and the administrative director.

If confidential documents are scanned and sent to the computer, those documents must be deleted after printing. There should be no confidential documents saved in the computer. All confidential client documentation must be kept in hard copy format, filed, and locked.

There may be legitimate requests for data from law enforcement officers. However, confidential information should not be given out without a valid warrant or without the approval of the Executive Director and/or Board of Directors.

Inappropriate use of privileges to access and use administrative data may result in disciplinary action, loss of access to the system, and possible sanctions up to and including dismissal.

Please sign and date below signifying that you have read and understand the above policy for the intention of safe-guarding your child's confidential information.

X: _____

Date _____