Life's Just Better Here

City of Wilton Manors
Leisure Services Department
2020 Wilton Drive, Wilton Manors, FL 33305
954-390-2130

CHILD CARE REGISTRATION

SCHOOL YEAR 2025-2026

STUDENT INFORMATION:

Full Name: _____ _____ _____
LAST FIRST MIDDLE

Child's Address:

_____
ADDRESS CITY STATE ZIP

Date of Birth: _____ **Password:** _____ **Age:** _____ **Grade:** _____

Languages spoken at home: _____ **Parent Email:** _____

FAMILY INFORMATION: Child lives with _____

Parents Name: _____	Parents Name: _____
Address: _____	Address: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Person who has custody	Person responsible for fees

MEDICAL INFORMATION: Reviewed by: _____

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

Doctor _____ Address: _____ Phone _____

Insurance: _____ Policy# _____

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

Does your child have either of the following: IEP: _____ 504 Plan: _____ If so, please explain and provide a copy:

If you completed the above question, please contact the Program Director to assure this is appropriately evaluated and addressed.

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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 facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

NAME	CELL #	WORK #	RELATIONSHIP

BEHAVIOR POLICY: I understand that if my child disrupts the daily operation of the program or becomes a disciplinary problem, he / she will be withdrawn from the program without a refund.

Signature of Parent / Guardian: Date:

FOOD AND NUTRITION POLICY: I give my child permission to participate in food-related activities, such as special occasions and learning activities, which include food consumption. The information or menu will be provided on the weekly calendar. If my child has specific allergies, **I will inform the program in writing**.

Signature of Parent / Guardian: Date:

LATE FEE, ATTENDANCE POLICY & REFUND POLICY: I understand that late fees will be charged at a rate of $20 per 15 minutes. Multiple late pick ups will result in removal from the program without a refund.

Signature of Parent / Guardian: Date:

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent / Guardian: Date:

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GENERAL RELEASE, INDEMNITY, AND WAIVER OF LIABILITY

TO CITY OF WILTON MANORS: In consideration of the opportunity afforded to me and/or to the minor child/ward named herein ("Dependent") to participate in the activity described herein, I, freely agree to and make the following contractual representations and agreements.

I understand that the activity involves physical exercise, and as such, I have been advised by City staff to consult with a physician before participating to ensure that I and/or my Dependent are physically able to engage in such physical activities. I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages or loss which I or the Dependent may sustain during or associated with such activity. I agree to waive and relinquish all claims I or the Dependent may have as a result of participating in these activities against the City of Wilton Manors and its officers, agents, servants.

I, on behalf of myself, and/or the Dependent hereby agree to release, waive, and discharge, the City of Wilton Manors, it officers, agents, employees, and volunteers (all for the purposes herein referred to as the "Releasees") from any liability or claims resulting directly or indirectly from injuries (including death), damages (personal or property), and losses sustained by me or my Dependent arising out of, connected with, or in any way associated with the activity, whether caused by the negligence of the Releasees, or otherwise. I, further agree to indemnify and hold harmless the Releasees from any and all liability, including all fees and costs, resulting from claims, causes of action, or losses sustained by third parties arising out of actions or alleged actions in connection with my and/or the Dependent's participation in the activity.

I agree not to sue any Releasees on my own behalf or on behalf of the Dependent, and I release and agree to indemnity the Releasees from and for all liability for the undersigned, their person, representatives, assignees, heirs, and demands therefore on account of injury to their person or property, or death of undersigned whether caused by negligence of the Releasees or otherwise.

I, on behalf of myself, and/or the Dependent, have read, fully understand and agree to the terms of this General Release, Indemnity, and Waiver of Liability ("Release"), and understand that I have given up substantial rights by signing it, have signed freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law, and agree that, if any portion of this Release is held to be invalid by a court with proper jurisdiction, the remaining provisions shall be valid and continue in full legal force and effect. The exclusive venue for any lawsuit arising from, related to, or in connection with this Release shall be in Broward County, Florida. I further agree that no oral representations, statements or inducements this Release have been made.

I, on behalf of myself, and/or the Dependent, grant full permission to the City of Wilton Manors to take and use photographic images, videotapes, audio recordings, and any other record of the activity for any legitimate purpose whatsoever, without the expectation of compensation.

In the event of any emergency, I authorize the City of Wilton Manors officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my Dependent's immediate care and agree that I will be responsible for payment of any and all medical services rendered including transportation charges.

Print Child Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____