



COOPER CITY RECREATION DEPARTMENT
PIONEER MIDDLE SCHOOL BEFORE AND AFTERCARE PROGRAM
2020-2021

The Cooper City Recreation Department, in cooperation with Pioneer Middle School, provides a Before & Aftercare Program for the students of Pioneer Middle School. The Before & Aftercare Program consists of recreational activities, computer lab, board games and homework assistance.

PROGRAM HOURS

The program operates on school days, Monday through Friday. The program will not be available on Federal Holidays.

- Morning Session: 7:00 a.m. – 9:00 a.m.
- Afternoon Session: 3:30 p.m. – 6:00 p.m.
- Early Release Days: 1:30 p.m. – 6:00 p.m. *(included with Afternoon Session fees)*

DROP-OFF AND SIGN-IN

- *Morning drop-off* is located at the school's front parking lot at the main glass doors.
- *Afternoon sign-in* will be located at the Media Center. All program participants are required to sign in by 3:40 p.m. daily.
- Parent/Guardian will be notified of tardiness and student may be dismissed from the program if tardiness continues. Students are required to check in with the staff before attending any extracurricular activity, such as sports, clubs, etc. Parent/Guardian must provide written notification of their child's participation in any extracurricular school activities. No student will be excused/dismissed without this notification.

SIGN-OUT

Program participants may be signed out at any time. Please note that parents **MUST** contact the program classroom phone to request student be brought to the front of the school for pick-up prior to 5:45 p.m. After 5:45 p.m., pick-up is in the school's front parking lot at the main glass entrance doors.

CONTACT NUMBERS

The on-site classroom phone number where staff is located from 3:35 p.m. - 6:00 p.m. is **(754) 323-4123**.

For additional information, questions or concerns, please call the Cooper City Recreation Department at (954) 434-4300, #233.

REGISTRATION

Complete the attached form and return it with a check for the first month's attendance fee and the \$30.00 2020 Registration Fee (if the 2020 fee has not already been paid):

Cooper City Community Center
9000 S.W. 50th Place (located on the corner of S.W. 90th Avenue and S.W. 50th Place)

Applications may also be submitted to the Before and Aftercare Program staff. No applications will be accepted without payment. **Please make all checks payable to Cooper City Recreation, not Pioneer Middle School.**



PROGRAM FEES

Fees will be collected on or prior to the first Wednesday of every month. A yearly program registration fee is required for all participants. Please note the payment and fee schedule is included on this document. No credits or refunds will be given for students who are absent. Payments are accepted at the Community Center and by onsite program staff. Payments made directly to Before and Aftercare staff must be in the form of check or money order. Checks should be made payable to: **Cooper City Recreation.** Cash or credit card payments must be made at the Cooper City Community Center (9000 SW 50th Place) or Pool and Tennis Center (11600 Stonebridge Parkway).

Community Center Hours: Monday-Friday 8:00am-4:00pm

Pool & Tennis Center Hours: Monday-Friday 8:00am-8:00pm and Saturday-Sunday 9:00am-5:00pm.

Please note the Recreation Office Hours may vary throughout the School Year.

LATE PAYMENTS / RETURNED CHECKS

- All payments are due on the first Wednesday of each month.
- Payments may be submitted in advance of each session due date at the Cooper City Community Center or with the Program Staff.
- A \$20.00 Late Fee will be assessed on all payments made after the first Wednesday of each month.
- Any payments not received by the first Wednesday of each month will result in child being removed from all activities, followed by removal from the program.
- Returned Checks: An additional \$20.00 will be added to the amount of the returned check, which must be replaced with a cash only payment. Furthermore, **ALL** future payments must be made with cash, cashier's check or money order.
- Late payments / returned checks may result in dismissal from the program.

LATE PICK UP

The Program ends promptly at 6:00 p.m. Staff will document any student remaining past 6:00 p.m., and repeat offenders will be removed from the program.

DISCIPLINE

All students are expected to adhere to the rules of discipline as stated in the Pioneer Middle School Student Discipline Code Book. Parents will be notified of serious or recurring discipline problems. If the problem cannot be resolved, the participant will be withdrawn from the program.

PAYMENT SCHEDULE AND AMOUNTS

Please add the 2020, \$30.00 Registration Fee to 1st payment if it has not already been paid from other Cooper City Recreation Programs. The 2021 Annual Registration Fee is due on January 6th. The fee will be added to your January payment.

	<u>A.M. (\$8.00 per day)</u>	<u>P.M. (\$)</u>	<u>BOTH</u>
Payment Due: <u>upon registration</u>	\$72.00	\$90.00	\$162.00
Payment Due: Wednesday, <u>Nov. 4th</u>	\$112.00	\$140.00	\$252.00
Payment Due: Wednesday, <u>Dec. 2nd</u>	\$112.00	\$140.00	\$252.00
Payment Due: Wednesday, <u>Jan. 6th</u>	\$144.00	\$188.00	\$332.00
Payment Due: Wednesday, <u>Feb. 3rd</u>	\$152.00	\$198.00	\$350.00
Payment Due: Wednesday, <u>Mar. 3rd</u>	\$136.00	\$178.00	\$314.00
Payment Due: Wednesday, <u>April 7th</u>	\$168.00	\$218.00	\$386.00
Payment Due: Wednesday, <u>May 5th</u>	\$160.00	\$200.00	\$360.00
Payment Due: Wednesday, <u>June 2nd</u>	\$56.00	\$78.00	\$134.00



COOPER CITY RECREATION DEPARTMENT
PIONEER MIDDLE SCHOOL ENRICHMENT PROGRAM
2020 – 2021

STUDENT INFORMATION

Student's Name: _____ Age: _____
(FIRST) (LAST)

Address: _____ Zip Code: _____

Birth Date: ____/____/____ Gender: _____ Grade: _____

Medical Concerns / Medications / Special Instructions: _____

YES / NO My child has permission to sign themselves out in the morning at 8:30 a.m. to eat breakfast in the cafeteria.

YES / NO My child has permission to sign themselves out at _____ p.m.

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ D.O.B. _____
(FIRST) (LAST)

Address: _____ Zip Code: _____
(If different from students)

Cell Phone: _____ Work Phone: _____

E-mail: _____

Parent/Guardian Name: _____ D.O.B. _____
(FIRST) (LAST)

Address: _____ Zip Code: _____
(If different from students)

Cell Phone: _____ Work Phone: _____

E-mail: _____

EMERGENCY CONTACT/ ADDITIONAL STUDENT PICK-UP INFORMATION

*Please note student will not be released to any person that is not listed on this form. A valid photo ID is required for pick-up.

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature Date

**COOPER CITY RECREATION DEPARTMENT
BEFORE AND AFTERCARE PROGRAM PAYMENT SCHEDULE
2020-2021**

STUDENT NAME: _____

PROGRAM FEES:

Registration Fee (Yearly, One-Time Non-Refundable Fee): 2020 - \$30.00 and 2021 - \$30.00

Before Care (AM) Daily Fee: \$8.00 After Care (PM) Daily Fee: \$10.00 Early Release Daily Fee: \$18.00

*Please note that fees are paid on a monthly basis and there is no pro-rated fee available.

MONTH	AM	PM	BOTH	AMOUNT/RECEIPT/DATE
OCTOBER 20 - 30				Amount: _____
Payment Due by: <u>Oct. 20th</u>	\$72.00	\$90.00	\$162.00	Receipt: _____
				Date Paid: _____
NOVEMBER 2 - 30 (No School 11/3, 11/11, 11/23- 11/27)				Amount: _____
Payment Due by: <u>Nov. 4th</u>	\$112.00	\$140.00	\$252.00	Receipt: _____
				Date Paid: _____
DECEMBER 1 - 18 (No School 12/21 - 12/31)				Amount: _____
Payment Due by: <u>Dec. 2nd</u>	\$112.00	\$140.00	\$252.00	Receipt: _____
				Date Paid: _____
JANUARY 4 - 29 (No School 1/1, 1/8, 1/18), Early Release 1/7)				Amount: _____
Payment Due by: <u>Jan. 6th</u>	\$144.00	\$188.00	\$332.00	Receipt: _____
				Date Paid: _____
FEBRUARY 1 - 26 (No School 2/15, Early Release 2/18)				Amount: _____
Payment Due by: <u>Feb. 3rd</u>	\$152.00	\$198.00	\$350.00	Receipt: _____
				Date Paid: _____
MARCH 1 - 31 (No School 3/19, 3/22-3/26, Early Release 3/18)				Amount: _____
Payment Due by: <u>March 3rd</u>	\$136.00	\$178.00	\$314.00	Receipt: _____
				Date Paid: _____
APRIL 1 - 30 (No School 4/2, Early Release 4/8)				Amount: _____
Payment Due by: <u>April 7th</u>	\$168.00	\$218.00	\$386.00	Receipt: _____
				Date Paid: _____
MAY 3 - 28 (No School 5/31)				Amount: _____
Payment Due by: <u>May 5th</u>	\$160.00	\$200.00	\$360.00	Receipt: _____
				Date Paid: _____
June 1 - 9 (Early Release 6/9)				Amount: _____
Payment Due by: <u>Jun. 2</u>	\$56.00	\$78.00	\$134.00	Date Paid: _____



Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19

I hereby acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 (“COVID-19”) was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention (“CDC”) has stated that **“the best way to prevent illness is to avoid being exposed to this virus.”** <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to allow my child(ren) to participate in programs operated by the City of Cooper City (the “City”). I acknowledge that City employees and other participants in the City’s programs come into contact with multiple individuals, and might become exposed to COVID-19. I also acknowledge that although the City has taken reasonable precautions to reduce the likelihood of transmission of COVID-19 by its employees and other program participants, the City cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in City’s programs. I am exposing my child(ren) and myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and failures to act of myself and others, including, but not limited to, City employees, and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any City program.

On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge the City, its employees, agents, and representative, of and from any and all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of the City, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any City program.

To ensure the safety of all City employees and program participants, I hereby authorize the City to take the temperature of my child(ren). I understand that, pursuant to the CDC guidelines and Broward County order 20-15 attachment 16, if my child(ren)’s temperature is 100.1 or above, my

child(ren) will not be permitted to participate in the City's program that day, and I agree to immediately pick up my child(ren) from the City's care and custody. I further agree that my child(ren) shall not return to the City's program until his/her/their temperature is below 100.1 without the aid of medication for at least forty-eight (48) hours. A doctor's note may be required for entry back to programing if deemed necessary.

Parent or Guardian's Signature

Date

Parent or Guardian's Name Printed

Child(ren)'s Name (first & last)



Behavior Management Policy

In order to provide a safe and enjoyable experience for all participants, the Cooper City Recreation Department has developed a set of expectations for all students. All students will be treated fairly based on individual aptitude. Behavior guidelines are as follows:

- No student will endanger him/herself or other participants or staff.
- Students will use respectful, appropriate language towards staff and other students.
- All participants will respect their leaders, school rules, other students and equipment.
- All students will keep their hands, feet, and objects to themselves.

Parents/guardians are responsible for informing the Recreation Department in writing if their child has a behavior disorder. This should be done directly with the Recreation Department upon registration. This will allow adequate time for staff to prepare before the program starts. Staff will provide reasonable accommodations so that each student can successfully participate in the program (i.e. medications, special breaks, close supervision, etc.).

Unless notified of a behavior disorder that needs reasonable accommodations the consequences for inappropriate behavior are:

First Offense: Student will be removed from the group activity, receive a verbal warning that the exhibited behavior is inappropriate, receive reinforcement of appropriate behavior. Participant may or may not return to the group, dependent upon severity of offense. Parent/Guardian will be notified at pickup, and asked to sign "behavior report".

Second Offense: Student will be removed from the group activity, receive a second verbal warning that the exhibited behavior is inappropriate, receive reinforcement of appropriate behavior. Participant may not return to the group, and will sit out for an appropriate period of time, dependent upon severity of offense. Parent/Guardian will be notified at pickup that a second offense has occurred, reminded of the ramifications of a third offense, and asked to sign "behavior report".

Third Offense: The student's parent/guardian will be called for immediate pickup, and the student will be suspended from the program for 2 days, without refund. When the student is picked up, the Program Director will meet with the parent/guardian, discuss the incident and consequence, and revisit the ramifications of a fourth offense. The parent/guardian will be asked to sign the "behavior report".

Fourth Offense: The student's parent/guardian will be called for immediate pickup, and the student will be suspended from the program permanently, without a refund for that particular session. When the student is picked up, the Program Director will meet with the parent/guardian; discuss the incident and permanent suspension. The parent/guardian will be asked to sign the "behavior report".

Please Note: In cases of inappropriate behavior deemed extreme by staff, students may be suspended/dropped from the program immediately, regardless of the number of previous offenses.

Signature: _____ **Date:** _____
(Parent / Guardian)

Medical Waiver

I acknowledge that participating in the programs and recreational and other activities of Cooper City Recreation Department present certain risks associated with such activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

By signing this Waiver form, I expressly warrant that the child named below is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release the City of Cooper City and its employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against the City of Cooper City or its employees, volunteers, or agents.

I further agree to indemnify and hold harmless the City of Cooper City and its employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

I recognize that there may be occasions where the child named below may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the City of Cooper City to seek and secure any needed medical attention for the child named below, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I hereby give permission for attending physician(s) and other medical personal to administer any needed medical treatment, including surgery, and again, I agree to pay for the medical treatment.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Child's Name: _____ Parent or Guardian's Name (Print): _____

Participant/Parent/Guardian Signature: _____ Witnessed By: _____

Allergy Waiver

I have provided the child with an emergency dose of the medication for use if the child suffers an allergic reaction, diabetic reaction, or other emergency related to the health conditions listed on the registration form while in the care or custody of the City Of Cooper City. I have attached here directions provided by the child's physician regarding the administration of medication for allergic reactions or other emergency situations arising from the child's health condition. I retain the responsibility to ensure the child has the proper prescribed medication for each day in attendance at the City of Cooper City Programming. In the event that the child suffers a serious allergy attack, diabetic reaction or illness while in the care or custody of the City of Cooper City, I authorize the City of Cooper City to administer the medication orally or through the use of an injection, Epi-Pen or such other method as I have made available to the City of Cooper City or to take such other action as reasonable necessary to remedy or abate the allergic reaction.

I acknowledge that despite good faith efforts by the City of Cooper City, my child may encounter allergens or other environmental agents due to the nature of the Before & Aftercare program and exposure to other children.

I release the City of Cooper City and its employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the Before & Aftercare program or as a result of efforts to abate or remedy an allergic reaction, diabetic reaction, or emergency related to the child's health condition as listed on registration form. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against the City of Cooper City or its employees, volunteers, or agents. I further agree to indemnify and hold harmless the City of Cooper City and its employees, volunteers, or agents from any and all claims arising from my or my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

I understand that if my child suffers from the allergies, I must provide a daily snack for my child. The City of Cooper City is not responsible for the monitoring of the allergen content or diabetic content of the snacks the City of Cooper City may provide. I understand that the City of Cooper City does not monitor the snacks it provides for allergen or diabetic content. I acknowledge that I have been advised of our responsibility to provide a daily snack for the child.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Child's Name: _____ Parent or Guardian's Name (Print): _____

Participant/Parent/Guardian Signature: _____ Witnessed By: _____

Waiver For Minors (By Adult)

As the parent or guardian of a minor child participating in the City of Cooper City (the "City") cultural, sporting, entertainment or other activity or event, or as the parent or guardian of a minor child participating as a user of any City facility, premises, or equipment, I hereby waive any claim against the City and its agents, servants and employees, hereafter arising from injuries to said child, which said injury is sustained while upon said facilities or premises, using such equipment, participating in said activities or being transported therefrom or thereto, regardless of whether such injury is caused in whole or in part by the negligence of said City or by the negligence of the agents, servants or employees of City.

Further, I do covenant to indemnify, hold harmless and defend the said City, its agents, servants and employees from any claim, liability or damages hereafter arising out of any injury to said child, regardless of whether such injury to said child is caused in whole or in part by the negligence of said City or by the negligence of the agents, servants and employees of City.

I hereby give permission for the City to call my child's physician and/or to arrange for emergency service technician response or for transportation to a hospital, in the event of any injury or illness to my child, although I understand that the City assumes no responsibility to do so. I hereby give permission for the City, its agents, servants, employees and contractors to escort my child between city facilities.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Child's Name: _____ Parent or Guardian's Name (Print): _____

Parent or Guardian Signature: _____ Witnessed By: _____

Print/Electronic Media Release

I hereby give my permission to the City of Cooper City to take, use and display photographic or digital images of me or my child, which may be posted on the City's Internet website or forwarded to newspapers and other publications in which the photograph or digital image would be associated with the City of Cooper City, Florida.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Participant/Parent/Guardian Signature: _____ Witnessed By: _____

Official Use Only

- Form is complete, signed and witnessed.
- Confirm birth certificate and age of participant.
- Confirm residency with acceptable form of identification. Confirm that address and phone numbers are correct.
- Update household in City's Recreation Department system.

Employee Name: _____ Date: _____