

# YMCA ONLINE APPLICATION INSTRUCTIONS FOR PARENTS



## Before You Begin

1. Google Chrome Browser must be used to complete online registration
2. Enter an active and monitored email address, as this will be the form of communication regarding your child's application.
3. Review all sections carefully, as some information has changed due to COVID-19.
4. Fill out application completely. You will need your child's Student Number, School Name.

Please follow the steps below to complete an online afterschool registration for your child; an application is needed for each child. **This application does not guarantee enrollment in the program.**

## Accessing the website

1. **Click on the link below.**  
[https://pdms2.browardschools.com/fmi/webd/PP\\_Program%20Data%20Management%20System\\_SummerCamp](https://pdms2.browardschools.com/fmi/webd/PP_Program%20Data%20Management%20System_SummerCamp)

2.

Friday 10 2, Friday  
Registering Parent/Guardian Menu

Select a School - Selecciona una escuela - Selezione una scuola - Chwazi yon lekòl

Please enter an active and monitored email address, as this will be the form of communication regarding your child's application.  
Please review all sections carefully, as some information has changed due to COVID-19.  
Please fill out application completely. You will need your child's Student Number, School Name, SBBC personnel number (staff only).  
This is an application and does not guarantee enrollment in the program.

go

- Select your school from the dropdown menu; click "Go".

A.C. Perry 6-8  
Annabel C. Perry Elementary  
Apollo MS  
Atlantic West Elementary  
Atlantic West Elementary Cluster  
Attucks MS  
Bennett Elementary  
Bethune Elementary Cluster  
Bethune, Mary M. Elementary  
Boulevard Heights Elementary

Select a School - Selecciona una escuela - Selezione una scuola - Chwazi yon lekòl

3. If you are starting a new application, select "New Application". If you are updating an existing application, select, "Update Application". Note: If you are updating an existing application, you must have your original application number.

**Bethune Elementary Cluster  
After School Program**

Friday, October 2, 2020


**Registering Parent/Guardian Menu**

**New Application** Bethune Elementary Cluster

**Registering Parent/Guardian (New Application) - Click Here**

**Update Application** Bethune Elementary Cluster

**Registering Parent/Guardian Update Application - Click Here**



- Fill out the application. Enter student information in all fields. You must have your child's student ID number. For assistance, contact your child's school.

**Student Information**

Enter Student#

Enter Last Name

Enter First Name

- Fill out all the fields then select "Next". (Height and Weight not needed)

Grade:  Application 2020-2021 Before and After School Child Care Program

Parent/Guardian 1 Password:

Before Care  
 After Care  Non-School Days  
 Full Day  1 hr. Staff (School Staff)

Student #

Child's Name: Last  First

Date Of Birth:  Age:  Gender:

Height:  Weight:  Eye Color:  Hair Color:

Race:  White  Native American  Asian  
 Black  Multiracial  Other

Ethnicity:  Non-Hispanic or Non-Latino  
 Hispanic or Latino

Child Lives with:  Both Parents  Mother  Father  Guardian

LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:

Home School:

Starting Date:

Student

6. Fill out all the fields then select “Next”. Select the “red arrow” button to make corrections on the previous page.

- When typing your email address, be sure there is no space after it.
- Choose a cell phone provider to receive text messages from the program.

**Registration Before and After School Child Care Program**

Student #  Child's Name:

Are you a Broward County School Employee?  Yes  No if yes, enter your personnel #

Do you work in the following fields: first responder or healthcare?  Yes  No

**Parent/ Guardian 1**

Name (First)  (Last)  Cell Phone   
 Primary Address  Cell Phone Provider   
 City  State  Zip  Work Phone   
 HomePhone

Click here if the Registering Adult address, is the same as the Second Adult.

**Parent/ Guardian 2**

Name (First)  (Last)  Cell Phone   
 Second Address  Cell Phone Provider   
 City  State  Zip  Work   
 HomePhone

List Email Addresses:

Can your child be photographed?  Yes  No

**Next**

7. Fill out all the fields then select “Next”. If you choose “Yes”, select the box on the right side of the question and a pop-up box will appear. Once you fill out the information, select “Close” and go to the next question.

**Application 2020-2021 Before and After School Child Care Program**

Student #  Child's Name:

Family Doctor:  Doctor Phone#:

*Important medical concerns we should be aware of (conditions, medications, health history, etc.):*

Does your child have any medical concerns?  Yes  No If Yes,

Does your child have allergies?  Yes  No If Yes,

Does your child take any medications?  Yes  No If Yes,

Does your child have any special concerns we need to be aware of?  Yes  No If Yes,

Does your child have any special needs we should be aware of?  Yes  No If Yes,

Does your child receive any special services during the school day?  Yes  No If Yes,

**Next**

**Medical Concerns**

Tell us about your child's medical concerns:

Doctor Phone#:

*conditions, medications, health history, etc.:*

Yes  No  If Yes,

Yes  No  If Yes,

Yes  No  If Yes,

- 8. Under “Authorized Release/Contact for Parent/Guardian 1”: At least two people must be added to the pickup list. If an additional person is not available, you must list “Local Police” as the authorized to pick up.

- Verify your email at the bottom by retying it in the “Email Verification” field.

July 2021  
Before and After School BASCC Care Program

Student ID: 100279201 Child's Name: Pizza Hut

**Important Information:** This form is for the parent/guardian of a child enrolled in a program. It is not for the child. If you are not the parent/guardian, please do not sign this form. The person MUST be the parent/guardian of the child.

Name	Relationship	Home Phone	Work or Cell Phone

I declare this information to be true and correct. I will notify the program in writing of any changes.

Parent Name: \_\_\_\_\_ Addressing to child: \_\_\_\_\_ Date: 5/20/22

Application #: **9701802034**

Thank you for submitting an application to enroll your child in a BASCC program. Your application has been submitted. This does not guarantee enrollment in the program. Your application will now enter the review process. Please check your email for further information and coordinations. We recommend saving a screenshot of this page, and reviewing the important information below.

Due to COVID-19, spaces are limited.  
Save your confirmation number for reference.  
A confirmation email will be sent after application has been received.  
A second confirmation email will be sent when the application has been processed.  
Allow five business days for processing.

Please verify your email address below:  
Email: bascroward@browardschools.com

Email Verification: \_\_\_\_\_

I declare this information to be true and correct. I agree that my electronic signature is legal and binding. It is equivalent of my handwritten signature.

Signature (Print Name): \_\_\_\_\_

**Print**

## 9. Fill out Consent Form Section

**the YMCAs South Florida, Inc.**  
Consent Form

Provider Name: YMCA South Florida, Inc.  
Location of Program: Bethune Elementary Cluster  
Student Name: Pizza Hut Student #: 1234567890  
Address: 123 Pizza Lane, Dough City, FL 88888  
Registering Adult: Dominos Hut Starting Date: 10/06/2020

**Informed Consent Process Authorizing Release of The School Board of Broward County Data**

CSC-funded YMCA South Florida, Inc. shall provide all parents/guardians or youth 18 years of age or older enrolled in their program with the following written statement that must be signed, retained by the Provider, and verified in CSC'S Services Activities Management Information System (SAMIS):

The program operated by YMCA South Florida, Inc. that your child participates in is funded by the Children's Services Council of Broward County (CSC). The CSC uses data from The School Board of Broward County (SBBC) to research and evaluate the success of the YMCA South Florida, Inc. at serving your child. To use SBBC data, the SBBC requires parents/guardians or students 18 years of age or older to read and sign the information below.

**The School Board of Broward County Informed Consent**

The SBBC shares data with the CSC, for the purposes of: (1) enrolling students into CSC programs; (2) researching and evaluating the effectiveness of CSC programs at improving student's school performance, behavior, attendance, graduation rates, and their transition to career pathways; and, (3) care coordination purposes. The shared education records include: **students' first and last names; student SBBC identification number; race; gender; disability; home language; country of origin; eligibility for free and reduced lunch; English proficiency; Florida student identification number; home address; attendance; schedule; grades; test scores; promotion status; risk assessment data; Career Technical Education credential attainment; suspensions and/or expulsions.**



The education records listed above will be disclosed by SBBC to the CSC and to YMCA South Florida, Inc. by CSC so YMCA South Florida, Inc. can effectively provide case coordination services to help students improve school performance, behavior, attendance, graduation rates, and their transition to post-secondary opportunities.

By signing below, the parent/guardian or student 18 years of age or older provides their expressed written consent for SBBC to disclose their education records pursuant in the paragraphs above

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_


Yes, I agree.  No, I do not agree.


## 10. Complete Grant Section – Uploading most recent 2022 – 1040 with child listed



 Application #

**I agree for the provider to disclose my information to the Children's Services Council for research purposes for verification of eligibility.**

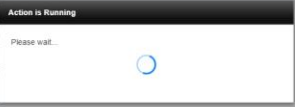
School Name:  Date of Application:   
 Student Name:  Date of Birth:   
 Sex:  Social Security Number:  Grade for Fall:   
 Parent/Guardian 1 Information:  
 Married  Single  Divorced  Separated  Deceased  Domestic Partner  
 Number of adult living in the household:   
 Number of children living in the household:   
 Number of adult employed in the household:

Attach Document Here  Attach most current year tax return here: IRS tax form 1040 and proof of filing tax return

Parent/Guardian 1:  Telephone Number:   
 Income Verification: Registering Adult must provide most recent paystub, last year tax return or W2.  
*I certify the above information is true and accurate. I am aware that filling this application out does not guarantee me a grant space.*  
 Parent/Guardian 1 Signature:     
 Yes, I agree.  No, I do not agree.

## 11. When completed with all forms, click "Complete Application"

Location of Program:   
 Student Name:   
 REGULAR PROGRAM FEE: A fee of 45.00 for payments and a non-refundable registration fee of 25 per family. There is a 2% discount for the 2nd & 3rd child, and for all Broward County Public School employees (please provide a copy of their School Board Salary). YMCA South Florida, Inc. also has a limited number of scholarships available for families needing assistance.  
 GRANT FUNDED PROGRAM FEE: YMCA South Florida, Inc. has received grants for various programs and schools. Fees are based on a sliding scale according to income. There is a non-refundable registration fee. Spaces are limited. The above fee schedule is for those families that do not qualify for grant funding or if there are no spaces left.  
 PAYMENT POLICY & PROCEDURES: Payments will only be accepted at the site during the payment period. As per School Board Policy 3411, All payments must be made prior to the start of the attendance period. Payments must be made by check or money order. Cash will not be accepted and there are no refunds. If a payment is made late, your child will be dropped from the program and may no longer attend. You will need to re-register your child, and pay an additional registration fee, providing there is space available. These fees are based on an annual tuition of services provided and are divided into equal payment periods for your convenience. The above schedule of fees will apply for children of all age levels according to the license age levels at your site.  
 RETURNED CHECKS: There is a returned check charge of . All subsequent payments must be provided by money order for the period of one year.  
 LATE PICK-UP CHARGE: A late pick-up fee of \$15 is charged for each 15 minute increment of 15, (1-15 minutes \$15), 16-30 minutes (\$30), 31-45 minutes (\$45), etc.) when the parent/guardian is picking up each of their children. After 3 late pick-ups YMCA - MOST reserve the right to drop child from their enrollment.  
 I acknowledge receipt of the "Schedule of Fees" to be paid by me for my child's attendance at YMCA South Florida, Inc. I understand that in the event I fail to pay these charges timely and collection procedure started or suit is initiated to collect unpaid charges, I will be responsible for all collection cost, 15% in on the unpaid charges, and a reasonable attorney's fee for counsel to YMCA South Florida, Inc.

Action is Running  Please wait...

Parent/Guardian 1:  Date:   
 Parent/Guardian 1 Signature:   
 Yes, I agree.  No, I do not agree.

## 12. If you have completed your application, you will receive a pop up:

**Thank You**

Your application has been received and is in the review process. Please allow 48 business hours to receive an email from our team. Your application number is: 0701002036. Please record your application number for future reference.

## 13. Parent and Program Receive Auto-Generated Email

Thank you for submitting an application for enrollment in your child's before and/or afterschool program provided by [enter provider name]. This does not guarantee a spot in the program. The application is in the review process. Please continue to monitor your emails for further information and/or confirmation.

We recommend saving this email, and reviewing the important information below:

- Due to COVID-19, spaces are limited.
- Save your application number for reference.
- A second confirmation email will be sent if/when the application has been accepted.
- Allow three business days for processing.
- If you have not applied for Free of Reduce Meals assistance. Window will open July 17, 2020 for the 2020-2021 school year.

• To apply click on the following link: <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww2.myschoolapps.com%2FHome%2FPickDistrict&data=02%7C01%7Clitza.monterrey%40browardschools.com%7C6498009394de4da0680708d85bf7285e%7Ceeacb5cb53704358a96aa3783c95d422%7C1%7C0%7C637360464376033103&amp;p:sdata=%2B7oHx51Pz5Z%2FdwL%2FOSQQ%2Bk9SO2Od4CsaCC61tqKXML8%3D&reserved=0>

- You will receive an email within three business days from your program's supervisor informing you if your child had been accepted into the program or placed on the waitlist. Supplemental documents may be required.
- All communication will include your application number. Please make a note of it as you will also need if updating your application.
- If you have any questions, please contact your school and speak with the Afterschool site supervisor.