



MORTON & BARBARA MANDEL  
RECREATION CENTER

# AFTER SCHOOL PROGRAM

**K-5th Grade**

**2025 - 2026 REGISTRATION**

Resident registration: April 7

Nonresident registration: May 5

Providing a safe, fun environment for over 30 years, the Palm Beach Recreation Department's After School Program offers peace of mind for parents and a range of supervised group activities, special events and more. Arts & crafts, kids in the kitchen, indoor/outdoor games, tournaments and in-house field trips are just a few of the things our staff implement in this highly sought after program. Space is limited, so mark your calendars!

**Palm Beach Public:**

2:00 - 5:30pm

**Residents:**

\$250/month

**Nonresidents:**

\$310/month

**Private School Rates:**

3:00 - 5:30pm

**Residents:**

\$189/month

**Nonresidents:**

\$245/month

To register, email the completed forms to  
[recreation@townofpalmbeach.com](mailto:recreation@townofpalmbeach.com)

# ABOUT US

Our After School Program is a fully supervised program offering a wide variety of fun-filled activities. A professionally trained staff, under the direction of Certified Park and Recreation Professionals, will be conducting exciting and educational programs as well as engaging and challenging tournaments, sports activities, playground games, arts & crafts, special events, and utilizing the dynamic floor to keep the kids active. **Outreach programs from the Cox Science Center, What's Cooking Kids, Mad Science, and more will be included in the schedule this year.** Age groupings, program activities and the level of supervision are designed to meet the needs of the various program participants. Children will have the opportunity to work on homework assignments throughout the program. Please keep in mind this is not a tutoring program.

## REGISTRATION AND FEES

Resident Registration: April 7

Nonresident Registration: May 5

### Palm Beach Public School

2:00pm - 5:30pm Residents: \$250 /month Nonresidents: \$310/month

### Private School Rates (PBDA, Rosarian, etc.)

3:00pm - 5:30pm Residents: \$189/month Nonresidents: \$245/month

**Space is limited with Residents of the Town having priority registration. Proof of residency is required to receive resident status.**



All forms must be filled out and returned to [recreation@townofpalmbeach.com](mailto:recreation@townofpalmbeach.com) prior to your child(ren) attending the programs. The following forms are required:

**Information and Release, Password Program and/or Medication Form**

### **PAYMENT IS DUE ON OR BEFORE THE 20th OF EACH MONTH FOR THE UPCOMING MONTH.**

If payment is not received by the 20th of the month a \$25.00 late fee will be charged. (If the 20th falls on a day the Recreation Center is closed, payment is due no later than 5:30p.m. the next business day). If payment is not received by the 25th of the month, your child may be removed from the program. A credit card may be kept on file for automatic payments. A receipt will be emailed upon processing payment.

Payment must be made prior to your child participating in the After School Program. Refunds will not be issued once a month has begun. Refunds will be issued for pre-paid months only if refund is requested by the 25th of the prior month. A \$15 processing fee will be applied to all refunds.



# SIGN-IN/OUT PROCEDURES

## SIGNING IN:

1. Public School participants will meet in the school quad and be escorted to the Recreation Center. We will coordinate pick-up with parents of Palm Beach Day Academy participants. Parents will receive an invitation to upload the **Procare App** as this app will be used for daily sign-in/out of the program. Activity Leaders will sign participants in to the program using the ProCare App upon arrival.
2. **The Town of Palm Beach is not responsible for a child until they sign in to the program.**

## SIGNING OUT:

1. **CHILDREN MUST BE PICKED UP PROMPTLY AT 5:30 OR A LATE FEE WILL BE ASSESSED**
2. Activity Leaders will only be allowed to release a child to the parent/guardian or pre-arranged authorized person(s) (please notify the office if you are going to send someone not on your list to pick up your child). Tutors must sign your child out of the After School Program and sign them back into the program when done.
3. Upon picking up your child, you must check in with staff and sign out your child through the ProCare App, as staff may need to inform you about changes to the program, behavior issues, etc.
4. Parents must sign their child/children out daily. The only exception to this is the child designated to walk home from the program (5th grade only). We will not send a child out to a parent.
5. If a participant has not been picked up by 5:30pm, staff will attempt to contact the parent/guardian. If the parent/guardian cannot be reached by 5:45pm, staff will attempt to reach the emergency contacts listed on the child's release form. If staff is unable to reach parent/guardian/emergency contact by 6pm, staff will contact the Town of Palm Beach Police Department to pick up the child. The Police Department will work with Recreation Staff to facilitate pick up of the child through the Florida Department of Children and Families.

## LATE PICK-UP FEES:

1. A late fee of \$5.00 per five (5) minutes will be assessed to anyone arriving after the designated conclusion of the After School Program. On the first incident, a warning will be given (pending time of pick-up). After the first incident, the late fee will be assessed.
2. Late fees are due at the time the child is picked up. If the child is continually picked-up late, the child may be removed from the program.

5:31 - 5:35PM: \$5.00

5:36 - 5:40PM: \$10.00

5:41 - 5:45PM: \$15.00

5:46 - 5:50pm \$20.00

ETC.



# GENERAL INFORMATION

- 1.No child may leave his/her group without permission from Recreation Staff for any reason. All children must be supervised, regardless of age.
- 2.If enrolled in additional Recreation Department programs, you must notify the office of the days, times, and duration of the program, otherwise we cannot guarantee their participation.
- 3.It is recommended children leave all valuable items at home. **The Recreation Center is not responsible for lost or damaged items.**
- 4.All participant communication should be done through the Recreation Center front desk, 561-838-5485.
- 5.Children riding bicycles should lock their bicycle at the bike rack located at the south side of the tennis pavilion.
- 6.The Town of Palm Beach does not provide participant accident insurance.
- 7.Parents are expected to go over all Recreation Center **Discipline Policies and Procedures** with their child prior to enrolling them in the program.

## REQUIRED FORMS

Please fill out and return the following forms prior to your child(ren) starting the After School Program:

- INFORMATION & RELEASE FORM
- PASSWORD PROGRAM FORM
- DISCIPLINE POLICIES AND PROCEDURES
- MEDICATION AUTHORIZATION (IF NECESSARY)



Please review all the information in this packet and fill out and return all required forms to the Palm Beach Recreation Department main office, 340 Seaview Avenue or email to [recreation@townofpalmbeach.com](mailto:recreation@townofpalmbeach.com) If you have any questions regarding the After School Program, please call the main office at 561-838-5485.



## Town of Palm Beach Recreation Department Information & Release Form

### RECREATION

Participant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone/cell phone: \_\_\_\_\_

Proof of Age is required for youth programs (i.e. birth certificate, passport)

E-mail address: \_\_\_\_\_

Participant/Parent City of Employment: \_\_\_\_\_ Child's School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Person to contact in case of emergency when parent/guardian cannot be reached:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Please list any special medical issues, allergies or instructions you feel staff should be aware of. A medical form (available at the Recreation Department main office) must be filled out by your physician in order to dispense any medication. \_\_\_\_\_

Additional person(s) authorized to pick up your child (Must show valid I.D.): \_\_\_\_\_

### Program Waiver and Release of All Claims:

I agree to waive all claims my minor child/ward or myself may have as a result of participating in the Town's Recreation Program(s). I further agree to fully release and discharge the Town of Palm Beach, its officers, employees, and representatives from and against any and all losses, damages, injuries of any kind as a result of either myself or my minor child/ward's participation in such Recreation Program(s). In the event of an emergency, I authorize the Town of Palm Beach officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of all medical service rendered. I give consent to use any photograph taken of me or my minor child/ward during recreation activities, classes or programs for future recreation brochures and promotional material.

### Camp/After School Program Participants Only

I have read and fully understand the Town of Palm Beach Policies & Discipline Procedures and the Program Waiver and Release of All Claims. I also understand payment is due in full at time of registration to guarantee space for my child and a late fee may be charged if my child is picked up after program conclusion. (please initial) \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Date



RECREATION

## Town of Palm Beach Recreation Department Information & Release Form

### PARTICIPANT INFORMATION PARENT/GUARDIAN

NAME: \_\_\_\_\_ PHONE/CELL \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHILD'S SCHOOL: \_\_\_\_\_

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CHILDS' NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILDS' NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILDS' NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

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### PAYMENT AUTHORIZATION

I \_\_\_\_\_ HEREBY AUTHORIZE THE TOWN OF PALM BEACH TO CHARGE THE CREDIT CARD ACCOUNT NUMBER LISTED BELOW FOR THE TOTAL COST OF THE AUGUST 25-26 PAYMENT (OR INCLUDE ADDITIONAL MONTHS AS NOTED BELOW) FOR THE AFTER SCHOOL PROGRAM FOR EACH CHILD LISTED ABOVE. I CERTIFY I AM AN AUTHORIZED SIGNER ON THIS CARD AND THE CREDIT CARD NUMBER AND SIGNATURE BELOW ARE THE SAME AS THOSE ON FILE WITH THE CREDIT CARD ISSUER.

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CVV#

\_\_\_\_\_  
NAME AS IT APPEARS ON CARD (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE OF CARD HOLDER

### CHECK HERE TO PAY FOR ADDITIONAL MONTHS IN ADVANCE:

AUG\_\_ SEPT\_\_ OCT\_\_ NOV\_\_ DEC\_\_ JAN\_\_ FEB\_\_ MAR\_\_ APRIL\_\_ MAY\_\_

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Date



RECREATION

Palm Beach Recreation Department

## Password Program

For the safety and well-being of our After School Program participants, we have implemented a Password Program. This password allows you to call in and make changes to your child's registration form, authorize pick-ups, request financial information, etc. Please choose a word or phrase easy to remember, as you will be required to provide it every time you call. Information or changes will NOT be given out or made without the password. The information provided will be kept confidential.

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Password: \_\_\_\_\_

Please provide a question and answer below to utilize in case you forget your password. \_\_\_\_\_

\_\_\_\_\_

Parent /Guardian Name (Please Print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

If you have any questions regarding the Password Program, please call the main office at 561-838-5485.



**TOWN OF PALM BEACH RECREATION DEPARTMENT  
PHYSICIAN'S AUTHORIZATION OF MEDICATION**

Since there is no medical personnel at the Recreation Center to administer medication, careful consideration should be given by the parent or guardian to ordering or administering medication in a manner so that it is not necessary to administer to the participant while at the Recreation Center.

**MEDICATION MUST BE IN ORIGINAL CONTAINER.**

NAME OF CHILD: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ Order Exp.(Date) \_\_\_\_\_

Desired action of medication (optional) \_\_\_\_\_

Form of medication:      pill          capsule          inhalation          liquid          injection

Other (specify) \_\_\_\_\_

Dosage (amount to be given) \_\_\_\_\_

How often and at what time: \_\_\_\_\_

Symptoms of adverse reaction to medication: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ Order Exp.(Date) \_\_\_\_\_

Desired action of medication (optional) \_\_\_\_\_

Form of medication:      pill          capsule          inhalation          liquid          injection

Other (specify) \_\_\_\_\_

Dosage (amount to be given) \_\_\_\_\_

How often and at what time: \_\_\_\_\_

Symptoms of adverse reaction to medication: \_\_\_\_\_

The parent/guardian knows of this request and has agreed to supply this/these medication(s) as needed. Should the student manifest any of the above symptoms which may be caused by the medication, I understand that the parent will be contacted and the Palm Beach Recreation Department directive relating to emergency care will be followed.

Physician's Name (print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

License # \_\_\_\_\_ Telephone # \_\_\_\_\_

I hereby give my permission for my child (named above) to receive medication while enrolled in a recreation department program. I understand the Town of Palm Beach undertakes no responsibility for either the administration of the medication or for the failure to administer or to dispense the medication. This medication has been prescribed by a licensed physician. I hereby release the Town of Palm Beach, its officers, agents and employees from any and all liability that may result from my child taking the medication or for the failure to take said medication.

Parent/Guardian Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

(For Administrative Use Only) Names and Titles of persons to administer medication(s)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Approved By: \_\_\_\_\_ (Director's Signature)





Town of Palm Beach Recreation Department  
**After School Youth Program**  
**Discipline Policy & Procedures**

Though the vast majority of after school program participants display proper behavior and extreme discipline problems are an exception to the rule, the department has a discipline procedure in place. The after-school program stresses proper behavior and a code of conduct including but not limited to the following areas:

**PARTICIPANTS SHALL:**

- Show respect for all program staff. Follow directions the first time given.
- Show respect for all program participants. Keep hands, feet, arms etc. off other participants. Fighting will not be tolerated.
- Not verbally threaten staff or participants.
- Report any incidents, perceived or otherwise, of bullying or threatening behavior to staff immediately!
- Use conduct which demonstrates appropriate and acceptable behavior. Dangerous behavior, including horseplay, which could cause harm to others, is unacceptable.
- Show respect for other people's property. Shall not handle, touch, or use another person's property, or Recreation Department property designated for the program, without prior permission.

**Restitution:** Any property belonging to other participants or the Town which is maliciously damaged, broken or stolen will have to be replaced; therefore, restitution is required from participant(s) involved in the infraction.

- Stay with your Activity Leader and/or assigned activity. Participants shall not hang out or play in the rest rooms or any room in the Recreation Center which is not specifically designated for an After School Program activity without permission from a staff member.
- Not possess, display, or use any object which could harm another person.
- Not use profanity or obscene and abusive language or gestures.
- Not gamble on any type of game or activity while on Recreation Center property.
- Not participate in or encourage any activity which is disruptive to the general peace and welfare of the Recreation Center or related functions.
- Observe and obey all facility rules and procedures.

## **DISCIPLINARY ACTIONS:**

Try as we might, sometimes we make bad decisions and poor choices and because all of our choices have consequences, we have established the following disciplinary actions to help redirect negative behavior.

Positive reinforcement is utilized whenever possible; however, at times, more progressive discipline is needed. Staff has been instructed to discuss a child's behavior with them before and after the incident to allow the child to change the behavior and learn from their mistakes.

When discussion isn't enough, we will utilize the following to deter negative behavior:

### **1st infraction:**

Counselors discuss behavior with child, Warning/Time out of activity may be given

### **2nd infraction:**

Warning/Time out of activity,

Child may be sent to the office, parent contacted to help redirect the behavior

### **3rd infraction:**

Child sent to the office, parent contacted, possible suspension from the program

**Expulsion from the program will be necessary if a behavior problem continues and/or the participant is not willing to change his or her conduct.**

**Severity Claus:** Certain behaviors of a serious nature which pose a threat to the physical well-being of program participants or staff or involve major property damage will result in immediate suspension or expulsion.

Please read the preceding rules and procedures with your child and make sure they understand them. Your support of this disciplinary procedure is important and will help to ensure the safety of all the children while participating in the Recreation Department's After School Program. Please sign, along with your child, the Discipline Policies and Procedures form and return to the Recreation Department Administrative Office.

If you have any questions or concerns regarding these rules or procedures, please contact the main office at 561-838-5485.



## 2025-2026 After School Youth Program and Discipline Policies & Procedures Form

### RECREATION

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I have received and read a copy of the Recreation Department's After School Youth Program and Discipline Policies and Procedures. I understand it is my responsibility to go over this information with my child/children and to instruct my child/children to follow these rules. I am also aware of the consequences which may be implemented in the event my child does not follow these rules.

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Signature of Parent/Guardian

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Date

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Signature of Participant

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Date