

Dunedin Parks & Recreation

Before & After School Program Information

Registration begins at 8 AM on Wednesday, July 22, 2026. Registration must be completed in-person at the Dunedin Community Center or the MLK, Jr. Recreation Center by the Parent or Legal Guardian.

Prerequisites for BASP Registration:

The ePACT profile and any required forms may only be completed by a Parent or Legal Guardian.

All digital and paper forms must be filled out completely with NO BLANK FIELDS.

1. Family Comprehensive Liability Waiver
2. ePACT Network - Medical and Emergency Forms (email invite sent after initial registration)
3. Emergency Medical Release Form (must be notarized)
4. Medication Record Form (If your child requires any type of medication, including non-prescription medications)
5. **Parents of Dunedin Elementary and San Jose Elementary K-5th grade Children must complete** "Promise Time" forms required by the Juvenile Welfare Board; signed by both the Parent/Legal Guardian and Child(ren).
6. **Parents of VPK Children** must submit a copy of their VPK child's current immunization records and health exam before registering. These may be obtained by your family physician or possibly the school your child will be attending.

Full Time Enrollment & Registration Details:

1. \$25 enrollment fee per child, the first payment, plus any prorated days are due at the time of registration.
2. The annual fee to attend the program is divided into ten (10) monthly payments which are posted to your account on the 20th of each month; advance payments are accepted in-person at any time.
3. **Payments are due by the 1st of each month.** Payments received after the 1st of each month will be charged a \$10 late fee. Children cannot be admitted into the program if the balance due has not been paid by the 3rd of each month.
4. After the initial registration, payments can be made online or during open hours at the centers listed below. **Payments cannot be accepted at the program sites or by phone.**
5. Changes or updates to ePACT or any required form must be made by a parent or legal guardian.
6. Please contact the Registration office for more information at 727-812-4530 or registration@dunedin.gov
7. You may enroll in our Before/After Care program at the Centers below during the hours listed:

Location: Dunedin Community Center
1920 Pinehurst Rd.
Dunedin, FL 34698
727-812-4530

Registration Hours:
Mon –Thurs: 8 AM – 9 PM
Fri: 8 AM – 6 PM
Sat: 7 AM – 4 PM

Location: MLK, Jr. Recreation Center
550 Laura Lane
Dunedin, FL 34698
727-738-2920

Registration Hours:
Mon – Fri: 2 PM – 9 PM
Sat: 9 AM – 7 PM

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Start Date: _____

Program: _____

Site: _____ G: _____

EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information**Child's Full Name:** _____ **Birthdate:** _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____Address: _____
Street Address (number, apartment#, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____Address: _____
Street Address (number, apartment#, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City**Medical Insurance Company:** _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____Address: _____
Street Address (number, apartment#, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

_____, in the event of an emergency at which time
(Child's Full Name)

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____
(Month) (Day) 20 (Year)

by means of ☐ physical presence or ☐ online notarization by _____ who is personally known
(Name of Affiant)
to me or has produced _____ as identification.
(Type of identification)

SEAL OF NOTARYSigned: _____ (Signature of Notary)

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BEFORE & AFTER SCHOOL PROGRAM

Below are key policies and guidelines found in the Parent Handbook. Please carefully review them before signing to indicate your acknowledgment and agreement.

- **APPROVED EPACT FORMS, REGISTRATION FEE AND INITIAL PAYMENT ARE REQUIRED** prior to your child(ren) attending. Complete the ePACT form email request(s) and check your email for communication from registration staff and the ePACT network.
- **BILLING:** The billing cycle runs from the 1st through the end of each month, with payments due on the 1st. Monthly balances are posted to your account by the 20th. Payments received after the 1st incur a \$10 late fee; children may not attend if the balance is unpaid by the 3rd. Payments can be made in person or online only.
- **BILLING CHANGES:** Requests to change programs **must be made in writing**, prior to the 20th of each month. Changes to enrollment require a \$20 administrative fee per request. One transfer may be made at no charge. Email requests to registration@dunedin.gov.
- **CANCELLATIONS/REFUNDS:** If your child will no longer attend the program, a written cancellation request is required to stop billing. No refunds or prorations are issued after the month begins, except for approved medical exemptions. See the Parent Handbook for details. Email requests to registration@dunedin.gov.
- **LATE PICK UP FEES:** If your Child is not picked up on time, a late fee will be charged as outlined in the Parent Handbook.
- **SIGN-OUT PROCEDURE:** All changes to the pick-up list must be made in ePACT, including emergency situations. **Phone calls to notify Staff of an alternate pick-up person are not permissible.**
- **ACCURACY:** It is the responsibility of the Parent/Legal Guardian to ensure that their Child's ePACT Medical Record and emergency contact information are accurate and remain up to date. This information can only be entered and updated by a Parent/Legal Guardian.
- **TEXT MESSAGE & EMAIL COMMUNICATION:** By providing your email, mobile number, and carrier, you consent to receive notifications about program updates, payments, and other relevant information. Message and data rates may apply.
- **Please refer to the Parent Handbook for a complete listing of all policies and important information.**

Print Name: _____ Date: _____

Signature: _____

Email Address: _____

Mobile Number: _____ Carrier: _____

(Required for Text Messaging)

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