

# ULBC 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.
4. Fill out application completely. You will need your child's Student Number, School Name.

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

## Accessing the website

1. Click on the link below or scan the QR Code.  
<https://pdmsweb.browardschools.com/PDMSPPOSsummerRegistration>



# SCAN ME

## BASCC PPO Summer Registration

Once your application is submitted for enrollment in your child's summer camp program, the application will begin the review process. By submitting the application, it does not guarantee a spot in the program. Please continue to monitor your emails for further information and/or confirmation.

Select School

School  
Select

Begin

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

- **ULBC site options for Summer 2025 include:**

- **"William Dandy MS"** - William Dandy Middle School Students Only
- **"William Dandy MS - ELEMENTARY ONLY"** - Any student entering Grades 2-5
- **"Millennium Collegiate Academy"** - Millennium 6-12 Students Only

William Dandy MS Summer Camp Registration

Once your application is submitted for enrollment in your child's summer camp program, the application will begin the review process. By submitting the application, it does not guarantee a spot in the program. Please continue to monitor your emails for further information and/or confirmation.

Select School

School  
William Dandy MS

Begin

**2. 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.**

William Dandy MS Summer Camp Registration

Progress:

35%

Does student have a Broward Student ID?  
It's 10 digits and starts with 06

Yes No

Back

3. Fill out all the fields then select “Next”.

Progress:

35%

### Student Information

Please tell us about your child

FSI/Student ID	Upcoming Grade 6		
Home School William Dandy Middle	Summer Camp School William Dandy MS		
Student First Name	Student Last Name		
Requested Starting Date mm/dd/yyyy	DOB mm/dd/yyyy		
Race Other	Child lives With Mother		
Hair Color	Eye Color	Ethnicity Non-Hispanic or Non-Latino	
Gender F	Height 5'5"	T-Shirt Size YL	Weight (lbs)

List all siblings attending and/or applying for this program: [+List Sibling](#)

(Note: A separate application is required for each child. You will have the opportunity to complete a separate application for each sibling. After you finish this application and click the submit button, you will receive a confirmation. This is where the "Add Sibling" button will be displayed.)

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4. Fill out all the fields then select “Next”.

- When typing your email address, be sure there is no space after it.
- You MUST Choose a password to make authorized changes to child pick-up.

**Parent/Guardian 1**  
Please tell us about the Parent/Guardian 1 for this student

First Name  Last Name

Primary Address  City  State  Zip

Format ###-###-####      Format ###-###-####      Format ###-###-####

Cell Phone  Home Phone  Work Phone

Cell Phone Provider  Email  Parent Password

Add a Parent/Guardian 2 (optional) [+Add Parent/Guardian 2](#)

5. Fill out all the fields then select “Next”.

**Progress:**  
45%

**Medical / Special Concerns**  
Please let us know any of the applicable items below

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

Does your child have any medical concerns?  
 Yes  No

Does your child have allergies?  
 Yes  No

Does your child require any medication while attending the program?  
 Yes  No

**IMPORTANT:** Once your application has been approved, you must provide the Program with a copy of the Medication Authorization Form and medication before it may be administered.

Does your child have special considerations we should be aware of?  
 Yes  No

Does your child have an IEP or 504 Plan during the school day?  
 Yes  No

- 6. 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.

## Progress:

65%

### Authorized Release/Contact for Parent / Guardian 1

Please list all contacts & authorized release for Parent/Guardian 1 (Ashley Foreman)

Do not include Parent / Guardian 1 and Parent / Guardian 2, as listed on the application

#### Authorized Release/Contact 1

Name

Relationship

Home Phone

Work/Cell Phone

[+Add Authorized Release/Contact](#)

If I cannot be reached, I/we hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in the program. Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by the Family Educational Right and Privacy Act (FERPA). The program will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.

I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.

I agree that my electronic signature is legal and binding. It is equivalent to my handwritten signature:

Signature (Type name)

Relationship to Student

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[Next](#)

## 7. Fill out Consent Form Sections

## Progress:

75%

### Authorization for Over-The-Counter (OTC) Topical Products with Parental Approval

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
Coordinated Student Health Services, 1400 NW 14th Court, Ft Lauderdale, FL 33311

INSTRUCTIONS: Each section must be completed by parent/guardian for student to self-carry and self-administer any of the listed Over-the-Counter Topical Products with parental approval only. The form is void if any section is incomplete.

#### I. Student/Parent Information

Student Name: **TEST TEST** Birth Date: **4/15/2014** Allergies: **N/A** Grade: **8**

Parent/Guardian (Print Name): **Ashley Foreman** Address: **560 NW 27th Ave Ft Lauderdale Florida, 33311-8654**

Home Phone: Work Phone: Other Phone: **954-906-8779**

#### NO AEROSOL OR PUMP PRODUCTS PERMITTED

Bug, Insect, & Mosquito Repellent: Self-carry and Self-administration of Wipes, Towelettes or Lotions only

- Yes, I consent.  
 No, I do not consent.

Parent Signature:

Administer according to the manufacturer's label

Sunscreen Product: Self-carry and Self-administration

- Yes, I consent.  
 No, I do not consent.

Parent Signature:

Administer according to the manufacturer's label

#### Parental Permission (To be completed by Parent/Guardian only)

By signing below, I (the parent or legal guardian) understand that the over-the-counter topical products with parent only permission will be administered by the student and not by healthcare personnel. I take full responsibility that the topical product that I have signed for is age appropriate. I understand that I may permit my child to self-carry and self-administer the above listed topical products and I assume full responsibility for any consequence resulting from topical products administration by my son/daughter. I understand that all topical products must be carried on self in the original sealed container, clearly labeled with the student's full name. I understand and have discussed with my son/daughter that if he/she sells or transmits this topical product he/she will be issued a consequence based upon the District's Discipline Matrix. By signing this form, I assume full responsibility of any consequence resulting from the administration of above listed topical products. I am also releasing The School Board of Broward County, Florida, from any liability that results in my son/daughter selling or transmitting the topical products identified above.

## 8. Complete Income Verification Section

Progress: 85%

### Income Verification

Date of Application: 4/14/2025 11:41:22 AM  
Location Of Program: William Dandy MS

Student Name: TEST TEST  
Birth Date: 4/15/2014

Sex: F  
SSN (Last 4):  
Grade for Fall: 6

Parent/Guardian 1 Information:  
 Married  Single  Divorce  Separated  Domestic Partner

Adults Living in household:  
Children Living in household:  
Employed Adults Living in household:

Attach most current year tax return here: IRS tax form and/or the most recent paycheck stub.  
Choose File No file chosen

Parent/Guardian 1: Ashley Foreman  
Address: 560 NW 27th Ave

The information above is true and correct.

Signature:

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## 9. Complete Demographics Section. When completed with all forms, click "Submit Application"

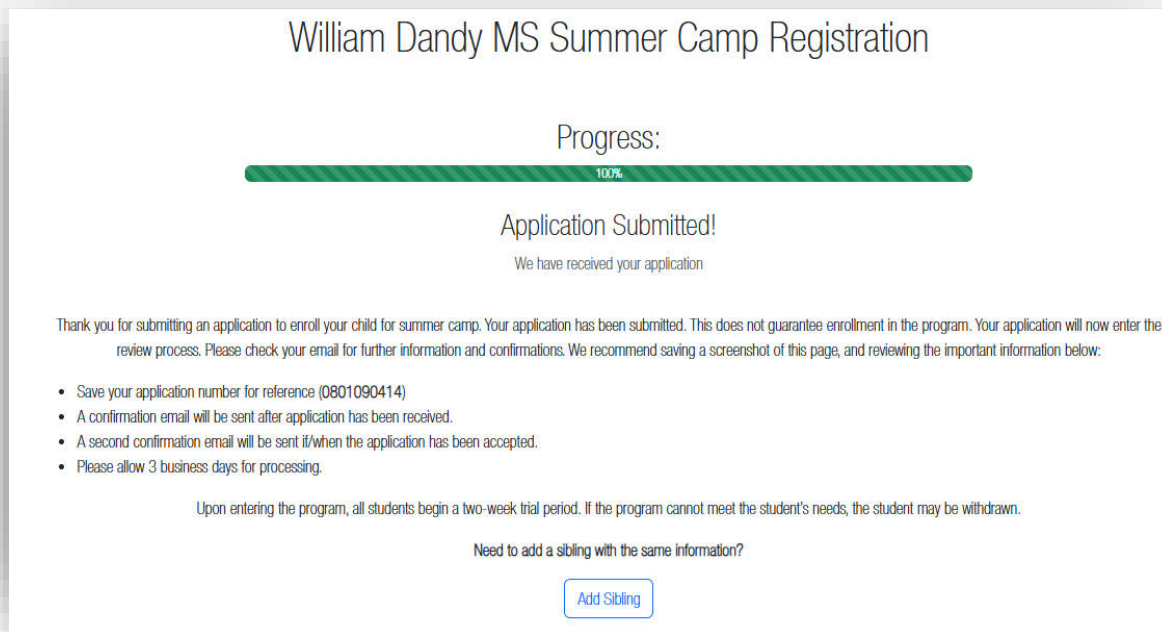
Progress: 100%

Ready to submit

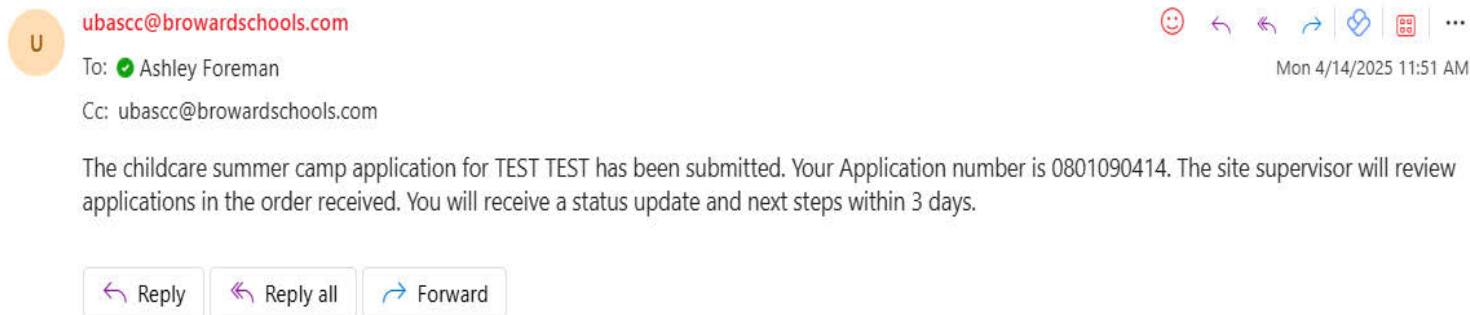
Submit or go back and make any changes

Review from Start Submit Application

## 10. If you have completed your application, you will receive this screen:



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



- You will receive an email within three business days from your program's supervisor informing you of your application status and next steps. *Supplemental documents may be required.*
- All communication will include your application number. Please make a note of it as you will also need it if updating your application.
- If you have any questions, please contact the summer camp supervisor at [summercamp@ulbcfl.org](mailto:summercamp@ulbcfl.org).