

School Year _____

City of Stockton
Community Services Department

John Muir After School Program

REGISTRATION FORM

NAME OF CHILD _____

AGE _____ BIRTH DATE _____ GRADE _____

ADDRESS _____
NUMBERS/STREET APT CITY ZIP

NAME OF CHILD'S PARENT/GUARDIAN IN THE HOME _____

HOME _____ WORK PHONE _____ EXT. _____

EMAIL: _____

In the event of a problem at the program and we are not able to reach you at the above numbers, please list four people 18 years or older we can reach and are authorized by you to make decisions regarding your child.

1. NAME _____ RELATION _____
PHONE _____ PHONE _____
2. NAME _____ RELATION _____
PHONE _____ PHONE _____
3. NAME _____ RELATION _____
PHONE _____ PHONE _____

INSURANCE _____ ID NUMBER _____

MEDICAL RELEASE: By signing below, I authorize Community Services staff to obtain first available emergency care in case of injury or illness for my child.

DOES YOUR CHILD TAKE ANY MEDICATIONS? IF YES, PLEASE LIST TYPE AND PURPOSE.

WILL YOUR CHILD TAKE MEDICATION WHILE AT THE BEFORE/AFTER SCHOOL PROGRAM? _____
Please note: recreation staff may not administer medicine to participants.

PLEASE LIST ANY OTHER INFORMATION THAT WILL ASSIST US IN BETTER PROVIDING FOR YOUR CHILD. _____

I fully understand that my participation in this event/program exposes me to the risk of personal injury or property damage. I hereby acknowledge that I am voluntarily participating in this event/program and agree to assume any such risk. I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property arising out of, or in connection with, my participation in the event/program from whatever cause, including the active or passive negligence of the promoter/organizer or City or any other participant in the event/program. In consideration for being permitted to participate in the event/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions or suits arising out of or in connection with my participation. This form will act as a medical release in the case of an emergency.

I understand that by participating in this event/program, that I am giving consent for images of myself to be used for promotional purposes or instruction by the City of Stockton.

I have carefully read this release, hold harmless and agree not to sue and fully understand it contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

SIGNATURE _____ DATE _____
PARENT/GUARDIAN

PARENT/CHILD AGREEMENT

PLEASE REVIEW THIS PAGE WITH YOUR CHILD. IF YOU OR YOUR CHILD HAE ANY QUESTIONS, PLEASE DISCUSS WITH PROGRAM STAFF.

CHILD AGREES TO:

1. Arrive at the After School Program *directly* after school dismisses.
2. Sign in immediately.
3. Participate fully in activities offered.
4. Listen and respect program staff.
5. Respect program facilities and materials.
6. Respect other participants.
7. Obey all rules and policies.
8. Not to leave the program without permission from staff and/or my family.
9. HAVE A GREAT ATTITUDE – HAVE A GREAT TIME!

PARENT AGREES TO:

1. Discuss rules and policies of program with child and stress the importance of compliance.
2. Discuss concerns and compliments with program staff right away to prevent any misunderstandings.
3. Pick up child prior to closing time.
4. Pick up child or arrange for pick up within 30 minutes if notified of problem or illness at program.
5. Discuss the child's day with the child.
6. Review homework with child. Read to child.

PARENT/CHILD UNDERSTAND:

1. The goal of the After School Recreation Program is to be a positive, fun and safe place.
2. Parents, children and program staff must all work together to provide the best program for the child.
3. If the child is picked up late 3 times, child may be expelled from program.
4. If parent is late more than 10 minutes, law enforcement may be called.
5. Disregarding or repeated violations of rules and policies can result in:
 - missing an activity
 - time out
 - time in (having to stay with program staff for set period of time)
 - suspension for one or more days
 - expulsion

LATE FEE POLICY FOR ASP

Payments must be made by the Saturday prior to each program attendance week. If the student(s) attends the ASP without payment for that week, a \$5 per day late charge will be assessed in addition to the weekly fee. Late payments are per family with a maximum charge of \$25. After a week of attendance without payment of registration and/or late fees, students may not be accepted back into the program until all appropriate fees have been paid.

By signing below, I agree that I have read and understand the rules of the Community Services' After School Program.

Signature _____ Child's Signature _____
Parent/Guardian