

**TRUCKEE - DONNER RECREATION  
AND PARK DISTRICT**

**GLENSHIRE KIDS KORNER  
(before and afterschool programs)**

**K—5**

**2018—2019**

**PARENT HAND BOOK:  
Policies and Procedures**

**GKK PHONE NUMBER: 448-1103**

**TDRPD OFFICE: 582-7720**

**License# 293605858**

# **WELCOME :)**

## **PROGRAM OVERVIEW:**

Welcome to the Truckee-Donner Recreation and Park District's before and after school programs known as "Kid's Korner". Glenshire Kid's Korner is located at Glenshire Elementary School, modular #31. Program hours are 7:10 a.m. to 9:00 a.m. (before school) 1- 3:10 pm (after Kindergarten), and 3:10-6 p.m. (K-5) on regularly scheduled school days. We provide a program for early release days on site and holidays programs will take place at the Community Recreation Center.

## **2018– 2019 Calendar**

Kid's Korner will be closed on the following days:

Please see T.D.R.P.D. Brochure for Holiday Camp Programs at the Community Recreation Center!!

Labor Day	Monday, September 3, 2018
Teacher Contract Day:	Monday, October 1, 2018
Veteran's Day	Monday, November 12, 2018
Thanksgiving	Wed.— Fri. November 21—23, 2018
Winter Break	Dec. 21, 2018 - Jan. 4, 2019
Martin Luther King	Monday, January 21, 2019
Ski Skate Week	Mon. – Fri. Feb. 18– 22, 2019
Spring Break	Mon. – Fri. April 8 - April 12, 2019
Memorial Day	Mon. May 27, 2019

**\*\*Kid's Korner may be closed the last two days of school depending on Camp Trudaca set-up and staff training.**

## **PROGRAM ACTIVITIES & GOALS:**

The purpose of Kid's Korner is to provide a safe, healthy environment for elementary age children to experience peer socialization and recreation. Daily activities include: indoor gym organized games, crafts, homework, story, snack, free time and outdoor play. Monthly activity and snack schedules are posted at the site for your convenience.

In order to meet the physical, social, emotional, and recreational needs of children the program will:

- Provide children a secure environment staffed by warm, friendly leaders.
- Offer activities that will promote self-esteem, confidence, and responsibility.
- Encourage children in creativity and develop decision-making skills by providing choices within set limits.
- Provide recreation, social, and academically oriented activities.

## **GENERAL INFORMATION:**

Glenshire Kid's Korner is state licensed and complies with all regulations that establish facility requirements, fire clearance, staffing ratios, criminal record clearances, fingerprinting clearances, as well as staff education and experience requirements. In order to comply with state licensing, parents are required to fill out state forms. Please be sure to complete all the necessary forms, and, read all the information required for enrollment into "Kid's Korner" programs. We look forward to providing a safe, fun and entertaining program for your child.

## **SNACK:**

Glenshire Kid's Korner: An afternoon snack is provided after gym time around 4:00pm each day. If a child is signed up from 3 – 4 only, a snack will not be provided. Snack schedules are posted in advance for your viewing. If a child does not like what is being served no substitutions will be made and parents will be asked to provide a snack for their child. If a child has an allergy to something, we try our best to accommodate them, but sometimes it is not possible.

### **ADMISSION PROCEDURES & ENROLLMENT:**

Kid's Korner is open to elementary school children enrolled in grades K-5<sup>th</sup> and registration is taken on a monthly basis and is first-come first-served. Glenshire Kid's Korner is located at Glenshire Elementary School, modular #31. To register, each child must have a registration packet and emergency form on file. Monthly calendars must be completed by a parent/guardian and returned with payment, by the last working day of the month **prior** to the month the child will be attending. This will ensure your child a spot in the program. Staff cannot guarantee or reserve space in any program until payment has been received. Calendars returned **on or after** the first day of the month will be charged a late fee of \$10.00. **Numerous late calendars may result in additional fees.** Drop-in registration is available, on a space available basis, for families with fluctuating schedules. Parents **MUST** call Kid's Korner and reserve a spot for your child. Leaving a message will not save a space. Verification from staff is required for drop-ins. Drop-ins will not be taken if there is an outstanding balance on the family account.

### **PROGRAM FEES & PAYMENTS:**

Registration is done on monthly calendars and fees are paid by hourly usage. See below for the fees. Calendars will be distributed at the program site by the first of each month, as well as on-line. Calendars are also available at the rec. office or on our website at [www.tdrpd.org](http://www.tdrpd.org). You may pay for up to 3 months at a time. Parents are responsible for completing the calendars and returning them, with payment, by the last working day of the month. If a parent fails to do this, calendars are considered late. **A late fee of \$10 per family will then be charged.** All late calendars must be turned in to Kid's Korner staff only. Faxed or on-line calendars will not be accepted after the last day of the month. **Kid's Korner payments can be made by cash, credit card or check. Checks must be made out to T.D.R.P.D., not Kid's Korner. We do not accept out of state checks. A driver's license number must be written on each check.** Children who attend the program without a calendar will pay drop-in fees.

**Hourly fee for Kid's Korner is \$4.75.** Punch cards are available for parents with varying schedules. Punch cards are in blocks of 10 hours can be purchased for \$60.00 These cards are kept on file at the site and can be used to pay for drop in hours or for days when extended hours of care are needed. Be aware these punch cards are only good for the school year. **Refunds are not given for unused punch card hours or unused daily calendar hours.** The daily drop-in rate is \$6.00 per hour.

### **CREDIT POLICY:**

Programs are staffed according to enrollment, which makes crediting for non-attendance very difficult. However, a credit may be issued if illness results in an absence of 3 or more consecutively scheduled days, and, the program staff are notified on each scheduled day of the illness. A doctor's note may be required. If you have to make changes (transfer hours around) to your calendar after it has already been turned in, you must send in your changes in writing and you will be charged a \$5.00 transfer fee per month. Cancellations must be made 24 hours in advance and those hours may only be re-used within the same month. **No credit is ever issued when a cancellation has been made the day of attendance.**

### **DROP IN ENROLLMENT:**

Drop in arrangements must be made directly with program staff, not at the Recreation Department Office, and, are accommodated on a space available basis only. We recommend calling at least the day before because program staff may not be immediately available to verify or deny your request. The drop in rate is \$6.00 per hour; however, existing punch cards can be used as a method of payment for drop in hours. If you make drop-in arrangements and you then cancel you may still be

charged. **Purchase of a punch card does not reserve a space in Kid's Korner.** Parents must call and confirm availability with staff prior to attending the program.

#### **SNOW DAY POLICY:**

Glenshire Kid's Korner is closed on snow days. We will hold a separate "Snow Day" program at the Community Rec Center from 9—5pm. We will not provide a snow day program if there is no power at the rec center or the National Weather Service has declared it unsafe for all residents to be out on the roads. Call the office at 582-7720 to confirm there will be a program offered or call the Glenshire Kid's Korner phone number at 448-1103 and listen to an updated message. Registration is taken at the Community Center beginning at 8 a.m. or on-line and space is limited. Enrollment is taken on a first-come, first-served basis only. The snow day fee is \$38.00. If a child was paid for Kid's Korner and it was a snow day, a credit will be issued to your account to be used for future hours.

#### **LATE STARTS:**

When the school district calls a late start, it means all schools will start 2 hours later than normal. So, if school starts at 9:10 am, it will then start at 11:10 am. Glenshire Kid's Korner will operate on that same schedule. We normally open at 7:10 am. On a "late start", we will start at 9:10 am. We will take the children who are already signed up for that morning first and if space is available, we will open to drop-in participants. Call 448-1103 after 9:10 am to see if space is available.

#### **ATTENDANCE POLICY/MISSING CHILDREN:**

**Parents must call the Glenshire Site at 448-1103 if a child will be absent.** When calling to notify of absence, inform the staff of the child's name and the program day, date and hours to be missed. If no message of an absence is given to staff, and your child does not show up to our program, we will presume that your child is missing. If it takes staff longer than 5 minutes to locate the whereabouts of a missing child a **"\$5 missing child fee will be charged."** This fee will not apply to children that are actually missing. A missing child is treated seriously; all the numbers on the emergency form are called in an effort to locate the child. On a regular school day, if a child does not attend school or is sent home from school, he or she is not eligible to attend Kid's Korner on that day. Absence due to long term illness or injury will be considered for refunding on a case-by-case basis.

#### **SIGN-IN/SIGN-OUT:**

State licensing requires parents to sign children in and out of the program (**NO INITIALS**) each day. No child may leave a program without being signed out by authorized persons listed on the TDRPD Emergency Form. A parent is always able to sign out his/her child unless legal documentation is on file with TDRPD staff that denies custody to that parent. In the event someone not listed on the emergency form must pick up a child, staff must receive a written note from the parent/guardian specifying who will be picking up the child. **Picture identification may be required of the person picking up the child.**

#### **EARLY DROP-OFF AND LATE PICK UP POLICY:**

The Glenshire Kid's Korner program opens at 7:10 am. Staff arrives at 7:00 a.m. and sets up until the program opens at 7:10am.. Please respect our morning time and don't drop off your child until 7:10am. **Parents of before school children MUST walk their child into the program and sign them in.** Kid's Korner ends at 6:00 p.m. **A late charge of \$5 will be charged for pick up between 6:01 and 6:05 p.m., and a charge of \$25 for pick up between 6:06 and 6:15. For pick up between 6:16 and 6:30 p.m., the total fee charged is \$30.00.** Staff does not have the ability to waive late fees and they will be strictly enforced. To prevent a large late fee, keep the emergency form up to date. Provide names and current phone numbers of local people who can help in an emergency. If a child is not picked up by 6:30 p.m. the child will be placed into protective custody.

### **EARLY RELEASE DAYS:**

Glenshire Elementary has one early release day each month, and a series of 5 in October for conferences. This means all grades will be released early at 12:50pm. Kid's Korner will offer a program for K-5 grades starting at this time. These are the dates: Sept. 12, Oct. 10, Oct 22-26, Nov. 7, Dec. 5, Feb. 6, March 13, May 8, June 18.

### **BEHAVIOR POLICY:**

Discipline at Kid's Korner is used as a "learning opportunity" rather than a "punitive experience". Leaders encourage children to respect themselves, each other, staff and property. Program leaders go over rules often. When children violate program rules, discussion with the child will occur to make sure he or she understands the undesired behavior. If continued violation occurs, a written report will be filed and parents will be notified of behavior problems. Staff will not discuss disciplinary issues regarding other children in the program. In most situations the children work out disagreements quickly. Reoccurring behavior problems can lead to suspension or permanent expulsion from the program if determined to be necessary by program staff. In the event of a physical fight, parents of the children involved will be called immediately to pick up their child. It is our responsibility to provide a safe and secure environment for all program participants. We ask that parents and staff work together as a team on these issues.

### **PERSONAL BELONGINGS:**

Children are responsible for their personal belongings. Staff will not be held accountable for lost articles. Children are asked to bring a backpack for supplies and to **please leave personal toys and electronics at home!**

### **ILLNESS & INJURY:**

Please keep children at home when signs of infections or illness appear. This is for the child's own welfare as well as the welfare of others. A child is contagious at the onset of cold symptoms: weepy eyes, coughing/sneezing, runny nose, and should be kept at home until these signs disappear. At no time will a child with a fever, vomiting, head lice or other contagious affliction be allowed at Kid's Korner. If a child's health is questionable to the staff (fever, vomiting, etc.) parents will be asked to pick-up the child immediately. **Parents are expected to pick up the sick child within 45 minutes. If it takes longer a late fee may be charged.** If a child does not attend school on a regularly scheduled school day due to illness, he or she is not eligible to attend Kid's Korner. Kid's Korner does not have the facilities or staff to care for sick children.

If an accident occurs during the program, staff will notify a parent/guardian as soon as possible. Please keep phone numbers and emergency contacts current. Program staff is trained in CPR & First Aid and will handle emergency situations as they have been taught. With the exception of life-threatening emergencies, effort will be made to reach an emergency contact person before calling professional medical personnel. If staff decides a child needs immediate medical attention, professional medical personnel may be called to transport the child to the hospital. If a child has been exposed to a communicable disease, at a TDRPD program, a notice will be posted at the site.

### **MEDICATION:**

If a child needs medication during Kid's Korner hours, directions for use and written permission from a parent must be on file. Medication authorizations can be found on the TDRPD Emergency Form. Only prescription drugs in their original containers (including the child's name and the date) will be administered. No over-the-counter medication will be given without written instructions from the physician (no aspirin, cough drops, or pills of any kind –especially those found in little baggies). If there are specific medication treatments, i.e., nebulizers, inhalers, epi-pens, etc, the parent must train the staff how to use them. If medication is to be given at both school and Kid's Korner there must be two separate containers.

**TERMINATION POLICY:**

Participants may be expelled from the program for the following reasons:

1. The child's behavior is having an adverse affect on other children.
2. Discipline or behavior problems require excessive staff time or added staff.
3. Program payment is 5 days or more past due.
4. Children are not signed in and out on a daily basis. **NO INITIALS.**
5. Continual late pick up.
6. Failure to comply with program health policies.
7. Failure to complete and return required paperwork.

**Thank you for choosing the Truckee Donner Recreation and Park District's Kid's Korner.  
We look forward to a safe and fun year with your child!!!**

**Glenshire Kid's Korner  
530-448-1103  
License #293605858**

**Truckee Recreation Center  
530-582-7720  
[www.tdrpd.org](http://www.tdrpd.org)**

# Truckee Donner Recreation and Park District Admission Agreement

I, \_\_\_\_\_, the parent of \_\_\_\_\_ **have received and read a copy of the information packet for the program(s)** that my child(ren) will be attending Kids Korner. I understand the policies described and agree to their enforcement. \_\_\_\_\_ (initial)

## Refund/Vacation/Payment Due Policy

Program fees are NON-REFUNDABLE. (Refunds requested as a result of a child's extended injury or illnesses are reviewed on a case-by-case basis.) The parent must notify the TDRPD Office in a timely manner and provide a doctor's excuse when requesting a refund for an extended illness or injury. A child removed or suspended from a program by program staff for inappropriate behavior, is not entitled to a refund.

I have read and understand the refund/payment policy. \_\_\_\_\_ (initial)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Child Care Licensing

The Department of Social Services, Child Care Licensing has the authority to interview children or staff without prior consent. The licensee shall ensure provisions are made for private interviews with any child(ren) or staff members. The Department has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE:** CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE:** This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

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LIC 995 (9/08)



### CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** *(\*For infants and preschool-age children only)*

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** *(\*For infants and preschool-age children only)*

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?*	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?*	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S)?*	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?*	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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**PERSONAL RIGHTS**  
**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
- (6) Not to be locked in any room, building, or facility premises by day or night.
- (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

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AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_

DATE

\_\_\_\_\_

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_

HOME PHONE

( )

\_\_\_\_\_

WORK PHONE

( )



# Youth Program Emergency Information, Registration, Agreement, Waiver & Release Form

Program Name	Dates & Times	Initials	Date
Glenshire Kids Korner - Before & Afterschool Program	August 30 <sup>th</sup> , 2018 - June 21 <sup>st</sup> , 2019 7am - 6pm, Monday-Friday		
Community Recreation Center Kids Korner - Before & Afterschool program	August 30 <sup>th</sup> , 2018 - June 21 <sup>st</sup> , 2019 7am - 6pm, Monday-Friday		
Specialty Holiday Camps: Marvelous Monday, Turkey Camp, Winter Wonderland Days, February Fun Days, Spring Fling	August 30 <sup>th</sup> , 2018 - June 21 <sup>st</sup> , 2019 7am - 6pm, Monday-Friday		
Snow Day Program	August 30 <sup>th</sup> , 2018 - June 21 <sup>st</sup> , 2019 7am - 6pm, Monday-Friday		

I have carefully read the description(s) of the program(s) for which I/we are registering, for myself and/or for my child. By initialing and dating next to each class I have listed above, I am consenting and agree to the terms and conditions of this "Agreement, Waiver and Release" for each class added to this form since my original signature date. \_\_\_\_\_ (initial required)

### REFUND/VACATION/PAYMENT DUE POLICY

No refunds will be given for one-time classes, trips, tours, camps or special events. Refunds will be given if TDRPD cancels a class. Refunds/credits requested as a result of a child's extended injury or illness will be reviewed on a case-by-case basis. All refunds/credits are subject to a \$5 transfer or \$15 refund fee. Payment is due prior to the first class each month for all ongoing programs, and at the time of registration for all others.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### CONSENT TO TREAT

I, the undersigned parent/legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any X-ray, examination, anesthetic, medical, or surgical procedure rendered under the general or specific supervision of any member of the medical staff and any emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute care general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by the above named minor(s) and is given to provide authority to transport by emergency vehicle and power to render care, which the aforementioned physician, in the exercise of his best judgement, may deem advisable. It is understood that effort should be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatment will not be withheld if the undersigned cannot be reached. Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by the Truckee-Donner Recreation and Park District to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Truckee-Donner Recreation & Park Districts. (it's officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that said minor may sustain while participating in said activity.

### Parental Consent (to be completed & signed by parent/guardian if participant in under 18 years of age)

I hereby consent that my son/daughter, named above, participant in the above activity(ies), and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LAIBILTY AND A CONTRACT BETWEEN MYSELF AND THE TRUCKEE-DONNERRECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.**

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

