

Truckee Donner Recreation and Park District Community Center Kid's Korner

2016-2017

New Parent Packet:

Policies and Procedures
& Licensing Paperwork



TRUCKEE-DONNER
Recreation & Park District

All Registrations will take place in the After School Room in the
Community Recreation Center.

If you cannot make it to one of the registration days you may turn your packet
in to Kid's Korner Staff after school has started between 1:30pm-3pm and
4:30pm-6pm. **Please be aware no packets or registration will be accepted
between 3pm and 4:30pm as all staff will be busy supervising children.**

Program Coordinator: Tessa Waldron (530) 550-4456

Program Overview:

Welcome to the Truckee-Donner Recreation and Park District’s after school programs known as “Kid’s Korner”. The location of the Community Center Kid’s Korner is at the Truckee Community Recreation Center.

Program hours:
Community Recreation Center: 1:30pm – 6pm
Minimum Days: 12:30-6pm

2016-2017 Calendar

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

Labor Day	Monday, September 5, 2016
Teacher Contract Day	Monday, October 3, 2016
Veteran’s Day	Friday, November 11, 2016
Thanksgiving	Wed - Fri, November 23-25, 2016
Winter Break	Dec. 19, 2016- Jan 2, 2016
Martin Luther King	Monday, January 16, 2016
Ski Skate Week	Mon. – Fri. Feb. 20-24, 2016
Spring Break	Mon. – Fri. April 10-14, 2016
Memorial Day	Monday, May 29, 2016

**Special holiday programs are offered during most of the school breaks. See the TDRPD brochure for more information.*

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. Children in Kid’s Korner will have the opportunity to participate in group games and art projects every day. Homework, story, snack and free time are also regularly scheduled activities. Weekly activity schedules are posted at the sites 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:

All Kid’s Korner programs are state licensed and comply with all regulations that establish facility requirements, fire clearance, staffing ratios, criminal record clearances, fingerprint 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 fun and entertaining program for your child. **Kid’s Korner is a licensed program and because of that our maximum of 51 children is set by the state and we are not allowed to exceed that.**

Daily Activity Schedule

1:30–1:45pm Glenshire Kinders Arrive
1:45–2:45pm Classroom Activity/ Craft Time
2:45–3pm Story/Kings Beach Arrives
3pm–3:30pm Outside Time
3:30pm Afternoon Buses Arrive
3:45–4:15pm Homework/Gym/Outside Time
4:15–4:30pm Snack
4:30–5:30pm Outside Play/Craft Time
5:30–6pm Clean up/Free Play

LUNCH/SNACK:

An afternoon snack is provided around 4:15pm each day. Snack schedules are posted in advance for your viewing. Substitutions are only made due to allergies or special dietary needs. If a child does not like what is being served for snack no substitutions will be made. Children are always more than welcome to get their lunches out during snack times if they are still hungry. Kindergarteners will be allowed to get out their lunches at 1:30 when they arrive at the program to have a snack.

ADMISSION PROCEDURES & ENROLLMENT:

Kid's Korner is open to elementary school children in grades K-5th and registration is taken on a monthly basis. **To register, each child must have a calendar completed by a parent/guardian and returned with payment, by the last day of the month prior to the month the child will be attending.** Staff cannot guarantee or reserve space in any program until payment has been received. Space is limited and registration is taken on a first come first serve basis each month. Calendars returned on or after the first day of the month are subject to a \$10 late fee and must be initialed by Kid's Korner staff. Drop-in registration is available, on a space available basis, for families with fluctuating schedules. Drop-ins and registrations will not be taken if there is an outstanding balance.

PROGRAM FEES:

Registration is done on monthly calendars and fees are paid by hourly usage. Calendars will be distributed at the program sites by the 15th of each month. Parents are responsible for completing the calendars and returning them, with payment, before the first day of the following month. **Children will not be accepted into the program until payment is received.**

Online registration is available for your convenience. If you are a new parent and it is your child's first time, you will need to come in person to hand in paperwork before you can register online.

New Kids Korner Fees and times are as follows:

	Fee Per Day			Fee Per Day
A Block 1:30-2:30	Early \$4.50 Drop-In \$5.50		D Block 4:30-5:30	\$4.50 Drop-In \$5.50
B Block 2:30-3:30	Early \$4.50 Drop-In \$5.50		E Block 5:30-6pm	\$2.50 Drop-In \$3
C Block 3:30-4:30	Early \$4.50 Drop-In \$5.50		Minimum Day Kings Beach Min Day	\$20.25 \$22.50 Drop-In Add \$5

PAYMENTS:

Payments are accepted during regularly scheduled program hours at each site. Monthly payments are due the last working day of the month prior to the month of anticipated attendance, not the first day of attendance. Payments are considered late, and a late fee will be charged, as of the first day of the month. A Drop-In fee will also be attached if a child is signed up for the same day a calendar is being turned in. If you have an outstanding balance or have not paid Drop-In's your child will not be allowed to attend until a payment is received. Once your child has been enrolled, a \$5 transfer fee will occur if there are any scheduling changes.

CREDIT POLICY:

Programs are staffed according to enrollment, which makes crediting for non-attendance very difficult. A processing fee of \$5 is added to any transfers or schedule changes. Refunds will only be given before the start of the month attending. A \$15 processing fee is charged for any refunds. **After the month has started no refunds will be given.**

DROP IN ENROLLMENT:

Drop in arrangements must be made directly with program staff 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. Please note the Drop-In rates.

SNOW DAY POLICY:

Kid's Korner is closed on snow days. A snow day program is offered, when possible, at the Community Recreation Center from 9 a.m. – 5 p.m. on cancelled school days. Call the office at 582-7720 ex 0, to confirm there will be a program offered. Registration is only taken at the Community Center beginning at 8 a.m. on the snow day and space is limited. Enrollment is taken on a first-come, first-served basis only for snow days. The snow day fee is \$36.00. If a child was paid for Kid's Korner and it was a snow day, parents will receive a credit on the child's account, **being sign-up for Kid's Korner does not reserve your child's spot for the Snow Day Program. You must call in the morning to sign-up with the office. There is no Snow Day Program the first snow day in a series of snow days.**

ATTENDANCE POLICY:

Parents must call the Community Recreation Center program at 550-4456 if a child will be absent. Please leave a message if there is no answer. When calling to notify of absence, inform the staff of the child's name and the program to be missed.

If no message of a planned absence is given to staff, your child is considered missing. A missing child is treated seriously; the area is searched and all the numbers on the emergency form are called in an effort to locate the child. If it takes staff longer than 5 minutes to locate the whereabouts of a missing child a "\$5 missing child fee will be charged."

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 Kids Korner on that day. Refunds are not given for cancellations or schedule changes. Absence due to long term illness or injury will be considered for refunding on a case-by-case basis and a doctor's note may be required.

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 will be required of the person picking up the child.

LATE PICK UP POLICY:

All Kid's Korner programs end 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.

ENRICHMENT CLASSES

There are many fun and different enrichment classes children can take after school. Due to the time on many of the classes parents may enroll their child(ren) in Kid's Korner for before or after the class. If taking a class, please indicate on the calendar what days your child will be attending a given class. Please also contact Kid's Korner Staff of a change to classes whether adding or dropping. Kid's Korner Staff does not get weekly class lists for enrichment classes and is not always aware of changes in schedules. As a reminder if your child is at Kid's Korner any portion of a time they must be paid for that whole block period. It is parent's responsibility to notify Kids Korner if a child is doing a drop-in for an enrichment program.

If your child is only signed up until 3:30pm and his or her class starts after that time you will need to register for our *Transition Program*. Please ask Director or Front Desk for details.

Please note that children 14 and under must be under direct supervision of an adult while at the Community Recreation Center.

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 come pick up the children. It is our responsibility to provide a safe and secure environment for all program participants.

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 FORMS:

If a child needs medication during Kid's Korner hours, directions for use and written permission from a parent must be on file. 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). Medication forms are available at program sites. If medication is to be given at both school and Kid's Korner there must be two separate containers. Expired medication will not be administered so please be aware of expiration dates and be sure to keep your child's medication up to date.

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 at home. Absolutely no electronics are allowed at Kid's Korner.** If a child needs to make a phone call, we are more than happy to assist them in using our classroom telephone.

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.

For questions or concerns, please call the Site Coordinator: Tessa Waldron 550-4456

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!!!

License Number
Community Recreation Center: 29361640

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

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

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 ALL 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.

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 _____

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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

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.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

Youth Program Emergency Information

PROGRAM NAME(S): Glenshire Kid's Korner, Community Center Kid's Korner, Holiday Programs, Snow Day Programs, Camp Trudaca, Adventure Camp, Camp Rad & Mini Camp

Please print ALL information clearly

Child's Name: _____ M/F Birthdate: _____ Age: _____ Grade: **Fall 2016** _____
Last First

Child's Name: _____ M/F Birthdate: _____ Age: _____ Grade: **Fall 2016** _____
Last First

Child's Name: _____ M/F Birthdate: _____ Age: _____ Grade: **Fall 2016** _____
Last First

Mailing Address: _____

Physical Address: _____

***Guardian's Name:** _____ Birthdate: _____ Home Phone: _____ Work: _____

E-Mail address: _____ Cell: _____ Relationship to Child: _____

***Guardian's Name:** _____ Birthdate: _____ Home Phone: _____ Work: _____

E-Mail address: _____ Cell: _____ Relationship to Child: _____

Allergies with Special Instructions:

Physician's Name: _____ **Phone Number:** _____

***If staff is to administer medications to your child please fill out the following:
(Please give staff medications in original container)**

Type of medication: _____ **Purpose:** _____ **Daily amount prescribed:** _____

Times to be administered: _____ **Special Instructions:** _____

Medication Start Date: _____ **Medication End Date:** _____

Emergency Contacts and others authorized to pick-up: (Other than guardians)

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

TRAVEL/FIELD TRIP PERMISSION

I give my permission for my child(ren) to accompany the program(s) listed on this form on local and out of town field trips, either walking, or in District Vehicles. I am aware that travel and/or transportation may be part of the program(s), and schedules of any such trips are available in advance.

Signature: _____ **Date:** _____

PHOTOGRAPHIC RELEASE

I understand that photographs may be taken of my child(ren) during TDRPD programs or events. I give Truckee-Donner Recreation and Park District permission to use any such photos for advertising or in promotional materials.

Signature: _____ **Date:** _____



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

Table with 4 columns: Program Name, Dates & Times, Initials, Date. Rows include Glenshire Kids Korner, Community Recreation Center Kids Korner, Specialty Holiday Camps, and Snow Day Program.

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.

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.

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: _____