

PANORAMA AFTER SCHOOL KIDS CLUB REGISTRATION FORM

NAME: LAST, FIRST, AGE: SEX: BIRTHDATE:

Address _____ City _____ Zip Code _____
Home Phone () _____ Cell Phone() _____
E-Mail Address _____
Parent/Guardian Name _____ Business Phone() _____ Extension _____
Parent/Guardian Name _____ Business Phone() _____ Extension _____
Emergency Contact other than parent, Name _____ Phone _____ Relationship _____
Additional Emergency Contacts Name _____ Phone _____ /Name _____
I authorize **ONLY** these additional persons to pick up my child(ren) include car pools:
Name _____ Relation _____ Name _____ Relation _____
Name _____ Relation _____ Name _____ Relation _____

MEDICAL INFORMATION: Insurance provider _____ Medical Record no. _____
Physician _____ Phone# _____ Dentist _____ Phone# _____
Is child on medication? Yes ___ No ___ If so, what: _____ Amount _____ Frequency _____
Reason for limitations of physical activities, if any _____
List any major illnesses or medical conditions or behaviors that we should be aware of in case of a major emergency _____
List any Foods, Drugs that your child is allergic to: _____
List Insect Allergies, ie., Bees, Mosquitos, etc. _____
List Anxieties (Darkness, Dogs, etc.) _____
List any other important information regarding your child _____

PLEASE READ THOROUGHLY AND SIGN IN THE PERTINANT PLACES. CHILDREN WILL NOT BE PERMITTED IN ANY PRESCHOOL PROGRAMS UNLESS THIS FORM IS ENTIRELY COMPLETED AND SIGNED!

AUTHORIZATION TO PARTICIPATE

My child, (print name _____), a minor(s) has my authorization to participate in Panorama R.C and all activities therein (including chartered bus trips). I further agree to relieve the City of Los Angeles Department of Recreation and Parks, its officers, agents and employees from any liability for injury to my child resulting from and/ or in connection with activities in this program. I, the undersigned, as parent/guardian of the above mentioned minor(s) do hereby authorize the City of Los Angeles to act as agent for the undersigned; to consent for any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and/or licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis/treatment, etc. and is given to provide authority to aforesaid agents to give specific consent. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I give consent to Panorama RC to use pictures of my child for marketing purposes without compensation.

GENERAL POLICIES

- 1) Neither the Department of Recreation & Parks nor the Panorama RC carries insurance.
- 2) The tuition money must be paid on the 1st of every month. Non-compliance will result in the loss of space in the program.
- 3) Staff reserves the right to require proof of age at any time.
- 4) For safety purposes, shoes with rubber soles must be worn daily. **NO EXCEPTIONS.**
- 5) Staff reserves the right to change or alter programming at any time without notice.
- 6) Staff is not responsible for Preschool lost or stolen articles.

I have read and understand the Authorization to Participate and General Policies. I hereby agree to abide by all the mentioned policies and practices and further understand that transgression of any policy is cause for immediate expulsion from the program without refund.

X

PARENT / REPRESENTATIVE SIGNATURE

DATE