

# PANORAMA PRESCHOOL 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 Preschool 2021-22 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 Preschool carries insurance. **2)** The tuition money must be paid on Monday of every week. 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. **Children must meet age requirements before starting Preschool.** **4)** For safety purposes, parents must obtain an early release from the office before Child is released during class hours. **5) Written permission must be provided if you wish your child to be released to anyone other than those authorized on the registration form.** **6)** For safety purposes, shoes with rubber soles must be worn daily. **NO EXCEPTIONS.** **7)** Although parents are welcome to drop in and observe the Pre-kindergarten program at any time, for safety and comfort of the children, parents are not permitted to linger in or around the program for extended periods of time. **8)** Staff reserves the right to change or alter programming at any time without notice. **9)** Staff is not responsible for Preschool lost or stolen articles. **10)** All activities, other than field trips will take place at Panorama Recreation Center. **11)** An \$ 8.00 late fee per child will be charged for the first 10 minutes you are late, the fee will be \$1 per minute thereafter.

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 / GUARDIAN SIGNATURE

DATE

CDL#

EXP. DATE