

City of Los Angeles Department of Recreation and Parks

# Lanark Recreation Center

21816 Lanark St. Canoga Park, CA 91304 \* Phone: (818) 883-1503

# AFTER SCHOOL



# Enrollment Packet

# 2023—2024



01/2023



# Lanark Recreation Center

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## Child's File Check-off List

**Child's Name:** \_\_\_\_\_

**Please note:** Every child's file **MUST** contain the following completed forms **BEFORE** they can begin the registration process.

1. \_\_\_\_\_ Financial Agreement Form
2. \_\_\_\_\_ Identification and Emergency Information
3. \_\_\_\_\_ Consent for Emergency Medical Treatment
4. \_\_\_\_\_ Waiver / Release of Liability
5. \_\_\_\_\_ COVID-19 Acceptance of Risk and Waiver of Liability
6. \_\_\_\_\_ Photograph / Video Release Form
7. \_\_\_\_\_ Parent Handbook Agreement
8. \_\_\_\_\_ Parent Code of Conduct (ALL areas must be initialed and bottom **MUST** be signed)
9. \_\_\_\_\_ Service Agreement (ALL areas must be initialed and bottom **MUST** be signed)
10. \_\_\_\_\_ Release for Transportation & Van Policy Agreement
11. \_\_\_\_\_ Copy of Current Immunization Records\*
12. \_\_\_\_\_ Current Photo of the Child\* (placed in the child's file for emergency purposes)
13. \_\_\_\_\_ Packet must be COMPLETE **before** registering.\*

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## Financial Agreement

**REQUIRED:** Photo of child (**most recent**), Immunization Records (**current**), and Enrollment Packet (**completed**).

### Section A: Identification

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

#### NAME OF PARENT(S) / GUARDIANS:

Parent/Guardian #1 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

### Section B: Fees and Charges

**\$25.00** - Annual Non-Refundable Registration Fee

**\$80.00** - Per Month (Monday-Friday) Paid Monthly

**\$10.00** - Late Pick-Up Fee for all students picked up after 6:00 p.m.

**\$40.00** - Vacation/Extended Absence fees per month to hold your child's space in the program (**optional**)

**\$10.00** - Late payment fee for Month

\*\*Fees and services will be due by credit card (VISA / MASTERCARD ONLY), exact cash, check, or money order on a monthly basis; payable to: **City of LA, Department of Recreation and Parks**

**PAYMENT IS DUE ON A MONTHLY BASIS. PAYMENT WILL BE DUE BEFORE THE FIRST OF EACH MONTH PRIOR TO YOUR CHILD ATTENDING THE PROGRAM. ALL FEES ARE DUE PRIOR TO SERVICES RENDERED. THERE IS A \$10.00 LATE FEE PER MONTH IF PAID ON OR AFTER THE FIRST OF THE MONTH. REPEATED VIOLATIONS MAY RESULT IN DISMISSAL FROM THE PROGRAM.**

I CERTIFY THAT THE ABOVE IS CORRECT AND THE TERMS ARE AGREED UPON,

**Person financially responsible:**

\_\_\_\_\_  
Parent / Guardian Name (please print)

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

\_\_\_\_\_  
Date

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## Identification and Emergency Information

<b>Last Name:</b>	<b>First Name:</b>	<b>Gender: (circle)</b> <b>Male</b> <b>Female</b>	<b>Grade in Fall</b>
<b>School Attending:</b>		<b>Address:</b> (street number, name, city, zip)	
<b>Birthday:</b>	<b>Age:</b>		

<b>Parent / Guardian #1 Name:</b> Primary Number: Secondary Number: Email:	<b>Parent / Guardian #2 Name:</b> Primary Number: Secondary Number: Email:
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<b>Emergency Contact:</b>	
Name:	Relationship:
Primary Number:	Secondary Number:

### AUTHORIZED PICK UP (NOT PARENTS)

<b>Name:</b> Relationship: Primary Number: Secondary Number:	<b>Name:</b> Relationship: Primary Number: Secondary Number:
<b>Name:</b> Relationship: Primary Number:	<b>Name:</b> Relationship: Primary Number:
<b>Name:</b> Relationship: Primary Number:	<b>Name:</b> Relationship: Primary Number:

### MEDICAL INFORMATION

<b>Doctor/Medical Group Name:</b> <b>Phone Number:</b> <b>Pediatrician Name:</b>
<b>Allergies:</b>
<b>Medications:</b>
<b>Dietary Restrictions:</b>

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## After School Club Program Payments

Child's Name: \_\_\_\_\_

RecTrac Household #: \_\_\_\_\_

<b>Month</b>	<b>Date paid</b>	<b>RW #</b>	<b>Late Fees RW #</b>	<b>Late Tuition RW #</b>
<b>Reg. Fee</b>				
<b>August</b>				
<b>September</b>				
<b>October</b>				
<b>November</b>				
<b>December</b>				
<b>January</b>				
<b>February</b>				
<b>March</b>				
<b>April</b>				
<b>May</b>				
<b>June</b>				

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## Consent for Emergency Medical Treatment

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO LANARK RECREATION CENTER TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST (D.D.S.) FOR \_\_\_\_\_,

Child's Full Name (print)

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITION NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL BEING OF THE CHILD NAMED ABOVE.

**My child has the following Medication Limitations / Allergies.**

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** (    ) \_\_\_\_\_ **Cell Phone:** (    ) \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Name (please print)      Parent / Guardian Signature      Date

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## Waiver / Release of Liability

I, \_\_\_\_\_, the parent / guardian of \_\_\_\_\_,  
Parent / Guardian Full Name (print) Child's Full Name (print)

Hereby release the City of Los Angeles, it's officers, agents, and employees from any and all claims and causes of action which I may have or claim to have relating to my child's participation in any and all After School Club Program activities which include but are not limited to: **sports, games, water play, use of play equipment, and field trips.**

I acknowledge that there is a risk of bodily injury in all such activities. I also hereby give my consent to such participation. I understand that the City of Los Angeles, the Department of Recreation and Parks, their officers, agents, and employees are not liable for any participation in the above described activities.

I acknowledge that I have carefully read the consents of this document and I understand it.

Executed on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at Los Angeles, California.

\_\_\_\_\_  
Parent / Guardian Name (please print)      Parent / Guardian Signature      Date

\_\_\_\_\_  
Name of Witness/ Rec. & Parks Employee (print)      Signature of Witness/ Rec. & Parks Employee      Date

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## COVID-19 Acceptance of Risk and Waiver of Liability

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

I acknowledge that I have carefully read the consents of this document and I understand it.

Executed on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at Los Angeles, California.

\_\_\_\_\_  
Parent / Guardian Name (please print)

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

\_\_\_\_\_  
Date



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## Photograph / Video Release Form

I hereby give permission to the City of Los Angeles Department of Recreation and Parks to photograph and/or videotape my child. The sole purpose of these photographs and/or videos is for publication, advertisement, and exhibition of services offered by the City of Los Angeles Department of Recreation and Parks.

## Parent Handbook Agreement

I, \_\_\_\_\_, have received, read, and understand the Lanark Recreation  
Parent / Guardian Full Name (print)  
After School Club Program Parent Handbook and have discussed with my child all the rules and regulations in this book. I also understand that if I or my child should deviate from the rules in this book, my child will be removed from the program.

\_\_\_\_\_  
Parent / Guardian Name (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relation to child

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## Parent Code of Conduct

***PLEASE INITIAL EACH ITEM AS IT IS READ AND UNDERSTOOD***

1. \_\_\_\_\_ Do your best to provide a safe environment for all patrons.
2. \_\_\_\_\_ Ensure the environment of children and other patrons is one of fun and enjoyment.
3. \_\_\_\_\_ Provide an environment free of drugs, tobacco, and alcohol, and will refrain from their use at Lanark Recreation Center.
4. \_\_\_\_\_ Lead by example in demonstrating expected behavior to all patrons, students, and staff.
5. \_\_\_\_\_ Treat students, patrons, staff, and facility property with respect.
6. \_\_\_\_\_ Create a positive recreation experience for everyone involved in the After School Club Program.
7. \_\_\_\_\_ Refrain from any altercations with teachers, patrons, students, and staff, i.e. parking lot, office, classroom, etc.
8. \_\_\_\_\_ Ensure that children bring only items appropriate for school, i.e. no toys from home.
9. \_\_\_\_\_ Know school and classroom rules and help your child to understand them.
10. \_\_\_\_\_ Build good relationships with teachers, other parents, and their children's friends.
11. \_\_\_\_\_ Inform school officials of changes in the home that may affect your child's behavior.
12. \_\_\_\_\_ Ensure that your child will be dressed to meet the dress code, face masks are optional.
13. \_\_\_\_\_ Understand our rules and policies upon registration and sign that you agree on the document in the Enrollment Packet.

I hereby agree to all items listed above unless stated in writing. The penalty for not following this Code of Conduct can result in dismissal from program at the Director's discretion.

\_\_\_\_\_  
Parent / Guardian Name (please print)

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

\_\_\_\_\_  
Date

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## Service Agreement

**PLEASE INITIAL EACH ITEM AS IT IS READ AND UNDERSTOOD**

1. \_\_\_\_\_ Parent / Gaurdian or designated person must sign the child in and out with their full signature each day. State law forbids any person to pick up a child unless their name is on the authorization list. Any person picking up your child must have I.D. available to present upon the request of staff.
2. \_\_\_\_\_ Fees for services will be due and payable on a monthly basis by check, credit card (Visa/ Mastercard), money order or exact cash. Payments are to be made payable to City of Los Angeles. In the event that a check is returned by the bank unpaid, payment must be made by money order or exact cash thereafter. **Postdated checks will not be accepted.**
3. \_\_\_\_\_ If the fee is not paid on said agreed date, the Facility Director has the right to refuse After School Club services for the child, without notice.
4. \_\_\_\_\_ Monthly tuition must be paid in full, including days missed because of illness, trips, etc. Exceptions: if a child is out one week or more, with a doctor's excuse (See Director).
5. \_\_\_\_\_ A \$10.00 LATE FEE will be instituted if payment is not received prior to coming month child is to attend.
6. \_\_\_\_\_ A \$10.00 LATE PICK-UP FEE will be charged if you are late picking up your child (6:00pm pick-up time). If you know you are going to be late, please notify the school so we can reassure your child.
7. \_\_\_\_\_ A child will be dismissed from our program if there are severe and continuous violations of program/class rules. The parent will be notified in writing if/when these violations occur. Dismissal occurs to ensure the safety of ALL students.
8. \_\_\_\_\_ Parents are to notify the Lanark Rec. Center if their child is going to be late or absent no later than 12:00pm on that day.
9. \_\_\_\_\_ Lanark Recreation After School Club will be closed on all holidays observed by the City of Los Angeles. Advance notice will be given when the After School Club will be closed. (See office for a list of holidays)
10. \_\_\_\_\_ Parents are to give prompt notice of any change of address or telephone numbers.
11. \_\_\_\_\_ **Parents must notify the office two weeks prior to permanently withdrawing a child from the program.**
12. \_\_\_\_\_ Do not bring a child with a CONTAGIOUS ILLNESS OD FEVER.
13. \_\_\_\_\_ If your child receives three (3) *Discipline Notices* their enrollment will be terminated without refund.

I hereby agree to all items listed above unless stated in writing.

\_\_\_\_\_  
Parent / Guardian Name (please print)

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

\_\_\_\_\_  
Date



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## RELEASE FOR TRANSPORTATION

**Child's Current School:** \_\_\_\_\_

I, \_\_\_\_\_, the parent / guardian of \_\_\_\_\_, do hereby  
Parent/Guardian Name (Print) Child's Name (print)

authorize the staff of Lanark Recreation Center to transport my child by van or bus to and from school, the After School Program, and/or any scheduled field trip. In addition, I hereby release the City of Los Angeles, its officers, agents, and employees from any and all claims and causes for action which I may have relating to the transportation of my child by van or bus.

I acknowledge that I have carefully read and understand the contents of this document.

Executed on the date of \_\_\_\_/\_\_\_\_/\_\_\_\_ at Canoga Park, California.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date



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## VAN POLICY AGREEMENT

I understand that in the event that my child is not at their school’s designated pick-up site at the scheduled pick-up time, the van driver will give a 5-minute grace period and then will be forced to leave the school. I will then be called and given the option to make other pick up arrangements for my child. If I select to have Lanark Recreation Center send a second van to pick up my child, I will be charged up to \$15.00 for a second van pick up charge in addition to my regular monthly tuition fee.

The fees are:

- 1st infraction: \$5.00
- 2nd infraction: \$10.00
- 3rd infraction: \$15.00
- 4th infraction: Child may be terminated from the program

**Furthermore, I understand that I must notify Lanark Recreation Center by 12:00pm if my child is going to be absent from the After School Program and does not need to be picked up from school. If my child is absent and I do not call the facility, I will be charged the fees stated above.**

**With my signature, I hereby acknowledge that I have carefully read, understand, and am in agreement with Lanark Recreation Center’s Van Policies and Procedures.**

\_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
 Parent/ Guardian Name (print)    Signature of Parent/ Guardian    Date