

City of Los Angeles Department of Recreation and Parks

Shadow Ranch Recreation Center

22633 Vanowen Street • West Hills, CA 91307 • Phone: (818) 883-3637

Early Learning Program



ENROLLMENT PACKET

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Child's File Check-off List

Child's Name: _____

Program Start Date: _____ Program Exit Date: _____

Please note: Every Child's file **MUST** contain the following completed forms **BEFORE** they can begin the registration process in this program

1. _____ Financial Agreement Form
2. _____ Identification and Emergency Information
3. _____ Consent for Emergency Medical Treatment
4. _____ Waiver / Release of Liability
5. _____ Photograph / Video Release Form
6. _____ Parent Handbook Agreement
7. _____ Parent Code of Conduct (**ALL areas must be initialed and bottom MUST be signed**)
8. _____ Service Agreement (**ALL areas must be initialed and bottom MUST be signed**)
9. _____ Copy of Birth Certificate*
10. _____ Copy of Current Immunization Records*
11. _____ Photo of the Child (**placed in the child's file for emergency purposes**)*
12. _____ Packet must be **COMPLETE** before **REGISTERING***

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Financial Agreement

REQUIRED: Photo of Child (**most recent**), Birth Certificate (**copy**), Immunization Records (**current**), and Enrollment Packet (**completed**).

SECTION A: IDENTIFICATION

Child's Name: _____ Birth Date: _____ / _____ / _____

Address: _____ City: _____ State: _____ Zip: _____

NAME OF PARENT(S)/ GUARDIAN(S):

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

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

P/G # 1 Occupation: _____ P/G #2 Occupation: _____

SECTION B: FEES AND CHARGES

\$50.00 – Annual Non- Refundable Registration Fee

\$360.00 – Per Month (Monday-Thursday) Paid Monthly

\$25.00 – Late Pick-Up Fee for all students picked up after 12:00 p.m.

\$360.00 – Vacation/Extended Absence fees per month to hold your child's space in the classroom

NO EXCEPTIONS!!!

\$25.00 – Late Payment fee for Month

****Fees and services will be due by credit card (VISA / MASTERCARD ONLY)**

PAYMENT IS DUE ON A MONTHLY BASIS. PAYMENT WILL BE DUE BY THE END OF EACH MONTH PRIOR TO YOUR CHILD ATTENDING THE PROGRAM. ALL FEES ARE DUE PRIOR TO SERVICES RENDERED. THERE IS A \$25.00 LATE FEE PER MONTH IF PAID ON OR AFTER THE FIRST OF THE MONTH. REPEATED VIOLATIONS MAY RESULT IN DISMISSAL FROM THE PROGRAM.

Program Begin Date: _____ Program End Date: _____

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

Last Name:	First Name:	Gender: (circle) Male Female
Age:	Address: (Street number, name, city, zip code)	
Birthday:		
Parent/ Guardian #1 Name: Occupation: Primary Number: Secondary Number: Email Address:	Parent/ Guardian #2 Name: Occupation: Primary Number: Secondary Number: Email Address:	
Emergency Contact: Name: Relationship: Primary Number: Secondary Number:		

Authorized Pick Up (not parents)

Name: Relationship: Primary Number: Secondary Number:	Name: Relationship: Primary Number: Secondary Number:
Name: Relationship: Primary Number: Secondary Number:	Name: Relationship: Primary Number: Secondary Number:
Name: Relationship: Primary Number: Secondary Number:	Name: Relationship: Primary Number: Secondary Number:

Medical Information

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

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Early Learning Program Payments

Childs Name: _____

Class Name: _____ User ID #: _____

Month	Date Paid	Early Learning Program RW#	Late Fees RW#	Education Exploration RW#	Classes RW#	Classes RW#
Reg. Fee						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Jan.						
Feb.						
March						
April						
May						

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Consent for Emergency Medical Treatment

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO **SHADOW RANCH 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 _____. 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:

Address _____ City _____ State _____ Zip Code _____

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, its 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 Early Learning Program activities which include but are not limited to: **sports, games, swimming, 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 that I understand it.

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

Printed Name of Parent / Guardian

Printed Name of Witness / Rec. & Parks Employee

Signature of Parent / Guardian

Signature of Witness / Rec. & Parks Employee

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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 Shadow Ranch

Parent's Name (Please Print)

Early Learning Program Parent Handbook and have discussed with my child all rules and regulations outlined 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 Shadow Ranch 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 Early Learning 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 their children 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 my child (ren) will be dressed to meet our dress code.
13. _____ Help children with homework and projects not do it for them.
14. _____ Understand our rules and policies upon registration and Sign that you agree on the document in the Enrollment Packet.
15. _____ Parking in "STAFF" Parking during drop off and pick up is forbidden; parking there can result in the towing of your vehicle.

I hereby agree to all items listed above unless stated in writing, the penalty for not following to this Code of Conduct can result in expulsion, at the Directors discretion.

Parent / Guardian Name (please print)

Parent / Guardian Signature

Date

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 / Guardian 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 paid by money order or exact cash thereafter.
NO POST-DATED CHECKS.
3. ____ If the fee is not paid on said agreed date, the Facility Director has the right to refuse Early Learning services for the child, without notice.
4. ____ All days reserved 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, the fees may be waived (see Director).
5. ____ A \$25.00 LATE FEE will be instituted if payment is not received prior to coming month.
6. ____ A LATE PICK-UP FEE will be charged if you are late picking up your child. The fee is \$25.00 for pick-up after 12:00 p.m. If you know you are going to be late, please notify the school so we can reassure your child.
7. ____ A child will be terminated from our program if there are severe and continuous violations of our class rules. The parent will be informed in writing if / when these violations occur and may be asked to attend a day with their child to observe the behavior. Termination occurs to ensure the safety of ALL students.
8. ____ Parents are to notify the school if their child is going to be late or absent.
9. ____ Shadow Ranch Early Learning Program, will be closed on all holidays observed by the City of Los Angeles. Advance notice will be given when Early Learning Programs will be closed. (See office for list of Holidays)
10. ____ Parents are to give prompt notice of any change of address and telephone numbers.
11. ____ **Parents must notify the school two weeks prior to permanently withdrawing a child from the program.**
12. ____ Do not bring a child with a CONTAGIOUS ILLNESS OR FEVER.
13. ____ My child is fully toilet trained and I understand if they have three (3) accidents their enrollment will be Terminated without refund.

THANK YOU FOR TAKING THE TIME TO READ THE ABOVE.

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

Parent / Guardian Name (please print)

Parent / Guardian Signature

Date