City of Los Angeles Department of Recreation and Parks

2025-2026 TINY TOT ENRICHMENT – Boys & Girls Ages 2.5 - 5 – Registration Form

PARK PROUD LA

RECREATION CENTER:	

PARTICIPANT INFORMATION (Información de Participante)

First Name: _____ Last Name: _____ ☐ Male ☐ Female ☐ Other
(Nombre del Participante) (Apellido) (Masculino) (Femenino) (Otro)

Date of Birth: ____/____/____ Age: _____ Grade in Fall: _____ School: _____
(Fecha de Nacimiento) (Edad) (Grado en el Otoño) (Escuela)

GENERAL INFORMATION (Información General)

Parent/Guardian Name: _____ Cell #: _____ Legal Custody: ☐ Yes ☐ No
(Nombre de Tutor/Guardián) (Teléfono Celular) (Custodia Legal) (Sí) (No)

Parent/Guardian Name: _____ Cell #: _____ Legal Custody: ☐ Yes ☐ No
(Nombre de Tutor/Guardián) (Teléfono Celular) (Custodia Legal) (Sí) (No)

Home Address: _____ City: _____ State: _____ Zip: _____
(Domicilio) (Ciudad) (Estado) (Zona Postal)

Home Phone: _____ Work Phone: _____ Email: _____
(Teléfono de Casa) (Teléfono de Trabajo) (Correo Electrónico)

EMERGENCY INFORMATION (Información de Emergencia)

Emergency Contact Name: _____ Relation: _____
(Nombre de Contacto de Emergencia) (Relación)

Phone: _____ Cell Phone: _____
(Teléfono) (Teléfono Cellular)

Name of Out-of-State Contact: _____ Relation: _____
(Nombre de Persona Fuera del Estado) (Relación)

Phone: _____ Cell Phone: _____
(Teléfono) (Teléfono Cellular)

PICK UP AUTHORIZATION (Autorización)

The following individuals have my unrestricted permission to pick up and sign out the above child without any further confirmation from me. Photo identification will be required upon picking up the participant.
(Las siguientes personas tienen mi permiso sin restricciones para recoger y firmar la salida del niño/niña sin ninguna confirmación ulterior de mí. Una identificación con foto será requerida al recoger al participante.)

Name: _____ Relation: _____ Phone: _____
(Nombre) (Relación) (Teléfono)

Name: _____ Relation: _____ Phone: _____
(Nombre) (Relación) (Teléfono)

Name: _____ Relation: _____ Phone: _____
(Nombre) (Relación) (Teléfono)

Name: _____ Relation: _____ Phone: _____
(Nombre) (Relación) (Teléfono)

Name of Person(s) specifically NOT Authorized: _____
(Nombre de la Persona Especificamente No Autorizada) _____

MEDICAL INFORMATION

Insurance Provider: _____ Policy #: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

List any Allergies: _____ Name all Medications: _____

Conditions or behaviors that we should be aware of in case of major emergency: _____

_____

HEALTH HISTORY

HAS YOUR CHILD HAD ANY OF THE FOLLOWING: *(PLEASE WRITE YES OR NO)*

___ Appendicitis	___ Constipation	___ German Measles	___ Measles	___ Rheumatic Fever	___ Stomach Upset
___ Asthma	___ Diphtheria	___ Hay Fever	___ Mumps	___ Scarlet Fever	___ Tetanus
___ Chicken Pox	___ Ear Infection	___ Headaches	___ Nose Bleeds	___ Sinus Trouble	___ Tonsillitis
___ Colds(frequent)	___ Fainting	___ Heart Trouble	___ Polio	___ Skin Rash	___ Whooping Cough
___ Other:					

Year of last immunization or booster:_____

Has your child received any medical treatment in the past year?_____

GENERAL POLICIES (POLIZAS Y REGLAS GENERALES)

1. **Participants must be age appropriate by the first day they attend and may be required to show proof of age.**
2. **Program participants must be picked up by 12:05 pm or be charged for late fee.**
3. **Registration is on a first come first serve basis as there are limited spaces available.**
4. **No Refunds unless the program is cancelled. There are no credits or make-up days for missed days.**
5. **DRESS CODE/FACE COVERINGS: Closed-toed shoes with rubber soles must be worn daily.**
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6. **PHOTO RELEASE: By registering, you authorize the City to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.**
7. **The facility is NOT responsible for lost or stolen articles. No Electronics or valuables may be brought to program.**

I acknowledge that I have read and understand all of the policies as listed on this application. By my child's participation I agree to follow and abide by these rules.

Print Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____ Date:_____