



Pre-School Program Application Form

Student Information (please print)

• Student's Name (Last Name, First Name) _____ Age _____
 Address: _____ City _____ Zip _____
 Home Phone: _____ Date of Birth: ____/____/____
 School: _____ Grade: _____

• Parent/Guardian: _____ Legal Custody: yes no
 Address: _____ City _____ Zip _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____

• Parent/Guardian: _____ Legal Custody: yes no
 Address: _____ City _____ Zip _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____

Authorized Pick-Up and Emergency Contact List

Only people listed on the authorized pick-up list will be allowed to sign your child out of Pre-School Program. Any changes must be made IN PERSON.
 In case of emergency, Parents/Guardians will be contacted first. If Parents/Guardians cannot be reached, we will then call the people below in the order listed.

• Name _____ Relationship: _____ Phone: (____) _____
 • Name _____ Relationship: _____ Phone: (____) _____
 • Name _____ Relationship: _____ Phone: (____) _____
 • Name _____ Relationship: _____ Phone: (____) _____
 • Name _____ Relationship: _____ Phone: (____) _____

I give permission for my child to sign himself/herself in or out on the attendance sheet for the program. Initials _____

PLEASE CHECK IF THE CHILD HAS HAD ANY OF THE FOLLOWING:

- | | | | | |
|---|--|--|--|---------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Diphtheria |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma |

YEAR OF LAST IMMUNIZATION OR BOOSTER

Tetanus _____ Mumps _____
 Diphtheria _____ German Measles _____
 Whooping Cough _____ Hepatitis _____
 Polio _____

Allergies: _____

Medications: _____ Reason: _____

Medical Conditions: _____

OFFICE USE ONLY:

WAIVER RELEASE

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the below named minor child ("Minor") the opportunity to participate in Carlin G. Smith Recreation Center's Pre-School Program ("Program"), I, (print name) _____, the undersigned, as parent or legal guardian of the Minor, do hereby agree as follows:

- **I am aware that there are certain risks of injury and/or damage inherent in the Program activities.**
- **I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick her/him up at the time requested by staff.**
- **I agree to complete the health history form** providing Minor's current, complete and truthful health history, including immunization history and overall physical, mental and emotional health status. Under certain medical conditions, I understand that Ramona Hall Community Center may require a written authorization based on a physical examination by a licensed medical person as a requirement for the Minor to participate in the Program.
- **I confirm to the best of my knowledge and belief,** Minor is not subject to a physical or mental infirmity nor under the influence of any medication or other substance which might hinder his/her safe participation in the program.
- **I will instruct Minor to abide by all safety regulations** and to take reasonable precautions to minimize the risks of injury or damage arising from participation in the Program.
- **I give my consent to have Minor participate in all aspects of the Program** and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which Minor may sustain as a result.
- **I give my consent to have the Minor transported** by car, van, chartered bus, chartered school bus and /or public transportation, or walking as part of the Program.
- **I understand that the City has no obligation to obtain medical treatment for Minor.** Should it be necessary for Minor to have emergency medical care while participating in the Program, I hereby give the City personnel my permission to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the City personnel to render medical care deemed necessary and appropriate.
- **I also 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.
- **Except for the gross negligence or willful misconduct of the City,** I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in the Program or any related activities.
- **I have carefully read this agreement.** I understand what it means and my signature below is my own free act. I intend it to be legally binding on Minor and myself. I also acknowledge that I have received the After School Parent letter and agree to the terms and policies described therein.
- **Important:** Parent or Guardian's signature required:

Parent's Signature

X _____ Date: _____

Parent's Name

(please print) _____ Tel: (____) _____

Student's Name _____

Immunization Record Requirement Waiver. I hereby request exemption of the child, named above, from the immunization requirements for attendance of the pre-school because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

Parent's Signature

X _____ Date: _____