



# SUNSHINE ACADEMY 2018-2019

## REGISTRATION FORM

(Please Print)

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ I identify my Gender as: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Legal Custody:  YES or  NO

Parent/Guardian: \_\_\_\_\_ Legal Custody:  YES or  NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

### In Case of Emergency, contact:

*In case of an emergency, we will contact you first. In the event we are unable to reach you, please provide an alternate contact.*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## AUTHORIZED SIGNATURE

We do not release children to friends, neighbors, or relatives, or divorced parents without written confirmation from the parent/legal guardian. **Please list both parents/legal guardians and all individuals authorized to pick up your child.** Individuals may be required to show photo identification to pick-up your child.

In case I cannot be present, one of the following people have my permission to sign in or sign out my child at the scheduled time:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## WAIVER AND RELEASE FORM

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **Echo Park Recreation Complex** granting the below-named child (“Minor”) the opportunity to participate in the **Sunshine Academy Pre-School** (“Program”)

I, (print Parent Name) \_\_\_\_\_ the undersigned, as the parent/guardian of (print Child’s Name) \_\_\_\_\_ (“the Minor”), I do hereby agree as follows:

- I am aware that there are certain risks of injury and/or damage inherent in the Program’s activities;
- I understand that if my child misbehaves and/or is sick and needs to be sent home; I agree to pick them up at the time requested by the staff;
- I understand that the Program carries no insurance. I understand that the City at its sole option but without obligation may procure insurance to cover all or part of such medical expense incurred by Minor. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility.
- I agree to complete the Health History form providing Minor’s current, complete and truthful health history; including immunization history and overall health status;
- I understand that under certain medical conditions the staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;
- I confirm to the best of my knowledge and belief the Minor is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;
- I will instruct the Minor to abide by all safety rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;
- I give my consent to have the Minor participate in all aspects of the Program;
- I knowingly assume full responsibility for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program;
- I give my consent to have the Minor transported by: car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;
- I understand that the Sunshine Academy has no obligation to obtain medical treatment for the Minor. Should it become necessary for the Minor to have emergency medical care while participating in the Program; I hereby give the program personnel my permission to use their judgment in obtaining medical care, and; I give permission to the medical care provider selected by the personnel to render medical care deemed necessary and appropriate;
- Except for the gross negligence or willful misconduct of the Sunshine Academy, I (print PARENT NAME) \_\_\_\_\_ waive all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, [Sunshine Academy] its officers, agents, employees and/or personnel, and
- I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks, [ASC] its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor’s participation in the Program or any related activities;
- I agree to keep the Sunshine Academy advised if I will be out of contact for any period of time during the Program and to provide additional and/or alternate contact information prior to my leaving;
- I also authorize the Sunshine Academy, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor’s physical image and/or voice as for use with the Program and/or Sunshine Academy’s publicity, marketing and/or advertising materials;
- I have read this agreement and I understand what it means to my legal rights and the Minors participation and by my signature made of my own free will and act;
- I agree to abide by the rules and policies set forth in this registration, Parent Information Book and waiver release forms;
- I have read and understand the payment, refund and conditions of enrollment policies as found in this registration form;
- I agree to be legally bound by signing this registration and waiver release forms and extend this binding to the Minor(s).

### Important: Parent or Guardians Original Signature Required.

Childs Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## HEALTH HISTORY FORM

Note: Should anything happen to the child that would alter his/her health history information after this form is returned, and before arrival at Sunshine Academy, please let the staff know immediately.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

MALE or  FEMALE Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Legal Guardian (name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor (name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Has the child had the following (please check):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Sinus Trouble  | <input type="checkbox"/> Fainting      |
| <input type="checkbox"/> Measles         | <input type="checkbox"/> Tonsillitis    | <input type="checkbox"/> Constipation  |
| <input type="checkbox"/> German Measles  | <input type="checkbox"/> Appendicitis   | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma         | <input type="checkbox"/> Skin Rash     |
| <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Diphtheria      | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nosebleeds    |
| <input type="checkbox"/> Heart Trouble   | <input type="checkbox"/> Headaches      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Mumps           | <input type="checkbox"/> Bed Wetting    |  |

**Give the month and year of last immunization or booster:**

Tetanus _____	Mumps _____
Diphtheria (DPT) _____	Measles _____
Whooping Cough _____	German measles _____
Polio _____	TB Test _____ <input type="checkbox"/> POS or <input type="checkbox"/> NEG

**Restrictions:**

- I have reviewed the program and activities and feel my child can participate without restrictions.
- I have reviewed the program and activities and feel my child can participate with the following restrictions or adaptations: \_\_\_\_\_

**Allergies / Other (please specify):**

- Bee stings, mosquitoes, etc.: \_\_\_\_\_
- Food (name): \_\_\_\_\_
- Medication(s): \_\_\_\_\_
- Asthma (or hay fever): \_\_\_\_\_
- Other: \_\_\_\_\_

Has the camper received medical treatment during the past year?  YES or  NO

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Is the child taking any medications now?  YES or  NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## REQUEST FOR CHILD TO TAKE MEDICATION DURING HOURS

I request that my child, \_\_\_\_\_, be allowed to take the following prescribed medicine(s) while at the Sunshine Academy. I understand that staff of the **Program DOES NOT ADMINISTER MEDICATION** and will only provide the medicine to my child so that he/she may administer it to his/her self at the time, dosage and frequency indicated on the pharmacy label of the medicine bottle. My child must be able to administer the medicine to his/her self. "Medication" is any substance a person takes to maintain and/or improve health. This includes vitamins & natural remedies. All medications **must be in original pharmacy containers with labels**, no modifications. Please provide enough of each medication to last the entire time the child will be participate in program.

Name of Medicine: \_\_\_\_\_ # of Pills \_\_\_\_\_ Date Started \_\_\_\_\_

When is it given:  Breakfast  Lunch  Dinner  Bedtime  Other \_\_\_\_\_

Amount of Dose Given: \_\_\_\_\_ How is it given: \_\_\_\_\_

Reasons for taking Medicine: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_ # of Pills \_\_\_\_\_ Date Started \_\_\_\_\_

When is it given:  Breakfast  Lunch  Dinner  Bedtime  Other \_\_\_\_\_

Amount of Dose Given: \_\_\_\_\_ How is it given: \_\_\_\_\_

Reasons for taking Medicine: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_ # of Pills \_\_\_\_\_ Date Started \_\_\_\_\_

When is it given:  Breakfast  Lunch  Dinner  Bedtime  Other \_\_\_\_\_

Amount of Dose Given: \_\_\_\_\_ How is it given: \_\_\_\_\_

Reasons for taking Medicine: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AT AUTHORIZED HOSPITAL IN CASE OF EMERGENCY ILLNESS OR ACCIDENT

I (We), the undersigned parent(s) of \_\_\_\_\_, a minor do hereby authorize the directors/staff of Sunshine Academy as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treat is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective through the conclusion of the event, unless sooner revoked in writing and delivered to said agent(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PARENT PAYMENT AGREEMENT

I (We) (Print Parent Name) \_\_\_\_\_ agree to pay the fees/charges due monthly by the designated due date of: **The 1<sup>st</sup> of Each Month.** Any payments done after the 5<sup>th</sup> of the month will be charged a \$10.00 late fee. I understand that failure to make full payment after the 5th will result in my child being dropped from the Sunshine Academy (program). Furthermore, I understand that in such event, the Program Staff may notify the appropriate school personnel that my child has been discharged from the Program and that the staff is no longer responsible for providing After School care. To reinstate services, payment must be paid in full, including the late fee.

All transfers are subject to a \$25.00 charge per session per transfer. If a refund is requested prior the beginning of the session for which they are enrolled, a 15% administration fee will be applied. **NO refunds will be granted once a session has begun.** No make-ups or credits will be given for missed days. **NO refunds for suspensions, for lice etc or expulsions.**

In the event of that my check should not clear, I also understand that I will not be accepted into any other programs and/or classes until this debt is paid in full.

I understand that the program will be closed and will not operate on all City Holidays. I understand there will be no pro-rated adjustments and/or credits or reduction of fees in any event and that the standard program fees will remain in effect. **[Parent Initial: \_\_\_\_\_]**

I understand that in the event my child will be absent from school, I must notify the office no later than 8:30 a.m. There will be a \$10.00 charge for no call no shows. To avoid this charge, please call 213.240.3006 or e-mail [echopark.rc@lacity.org](mailto:echopark.rc@lacity.org), before 8:30am to inform us if your child will be absent or change in schedule. If the office does not receive the information before 8:30am, a charge will occur. **[Parent Initial: \_\_\_\_\_]**

I understand that due to upcoming changes in the Department, program days and hours may be subject to change. **[Parent Initial: \_\_\_\_\_]**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT HISTORY

(FOR OFFICE USE ONLY)

August 2018	\$ 55	Receipt #: _____	Processed by: _____	Date: _____
September 2018	\$100	Receipt #: _____	Processed by: _____	Date: _____
October 2018	\$100	Receipt #: _____	Processed by: _____	Date: _____
November 2018	\$ 85	Receipt #: _____	Processed by: _____	Date: _____
December 2018	\$ 55	Receipt #: _____	Processed by: _____	Date: _____
January 2019	\$100	Receipt #: _____	Processed by: _____	Date: _____
February 2019	\$100	Receipt #: _____	Processed by: _____	Date: _____
March 2019	\$100	Receipt #: _____	Processed by: _____	Date: _____
April 2019	\$ 90	Receipt #: _____	Processed by: _____	Date: _____
May 2019	\$100	Receipt #: _____	Processed by: _____	Date: _____
June 2019	\$ 30	Receipt #: _____	Processed by: _____	Date: _____