



Enrollment Packet 2025—2026





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

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.	Photogragh / 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 <u>COMPLETE</u> 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			
\$50.00 - Annual Non-Refundable Registration	Fee		
\$100.00 - Per Month (Monday-Friday) Paid Mo	onthly		
\$10.00 - Late Pick-Up Fee for all students pick	ed up after 6:00 p.m.		
\$40.00 - Vacation/Extended Absence fees per	month to hold your child's spa	ce in the prog	ram (optional)
\$10.00 - Late payment fee for Month			
**Fees and services will be due by credit card order on a monthly basis; payable to: City of L	•	, .	check, or money
PAYMENT IS DUE ON A MONTHLY BASIS. MONTH PRIOR TO YOUR CHILD ATTENDIN SERVICES RENDERED. THERE IS A \$10.00 FIRST OF THE MONTH. REPEATED VIOLA PROGRAM.	IG THE PROGRAM. ALL FEE LATE FEE PER MONTH IF F	S ARE DUE PAID ON OR	PRIOR TO AFTER THE
I CERTIFY THAT THE ABOVE IS CORRECT	AND THE TERMS ARE AGRE	ED UPON,	
Person financially responsible:			
Parent / Guardian Name (please print)	Parent / Guardian Signature	Da	ate

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Identification and Emergency Information

Last Name:	First Name:		Gender: (circle) Male	Grade in Fall
			Female	
School Attending:	-	Address: (street i	number, name, city, z	ip)
Birthday: A	Age:			
Parent / Guardian #1 Name: Primary Number: Secondary Number: Email:	F	Parent / Guardian #2 Name: Primary Number: Secondary Number: Email:		
Emergency Contact:				
Name:	Rela	ationship:		
Primary Number:	Seco	ondary Number:		
AUTH	ORIZED PICK U	JP (NOT PARI	ENTS)	
Name: Relationship: Primary Number: Secondary Number:	F F	Name: Relationship: Primary Number Secondary Numl		
Name: Relationship: Primary Number: Secondary Number:	F F	Name: Relationship: Primary Number: Secondary Number:		
Name: Relationship: Primary Number: Secondary Number:	F F	Name: Relationship: Primary Number Secondary Numl		
	MEDICAL INF	ORMATION		
Doctor/Medical Group Name: Phone Number: Pediatrician Name:				
Allergies:				
Medications:				

Dietary Restrictions:

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After School Club Program Payments

Child's Name:

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

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Consent for Emergency Medical Treatment

AS THE PARENT OR AUTHORIZED RE	EPRESENTATIVE, I HEREBY	GIVE CONSENT TO				
ANARK RECREATION CENTER TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE						
PRESCRIBED BY A DULY LICENSED F	PHYSICIAN (M.D.), OSTEOPA	ATH (D.O.), OR DENTIST				
(D.D.S.) FOR	,					
Child's Full Name (print) THIS CARE MAY BE GIVEN UNDER W	HATEVER CONDITION NEC	ESSARY TO PRESERVE				
THE LIFE, LIMB, OR WELL BEING OF	THE CHILD NAMED ABOVE.					
My child has the following Medication	Limitations / Allergies.					
Address	City	Zip				
Home Phone: ()	Cell Phone:()_					
Parent / Guardian Name (please print)	Parent / Guardian Signature	Date				

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Waiver / Release of Liability

Name of Witness/ Rec. & Parks Employee (print)	Signature of Witness/ Rec. & Parks Emp	Dloyee Date
Parent / Guardian Name (please print)	Parent / Guardian Signature	Date
Executed on the date of///	at Los Angeles, California.	
I acknowledge that I have carefully read the co	onsents of this document and I unders	tand it.
their officers, agents, and employees are not li	able for any participation in the above	e described activities.
such participation. I understand that the City o	of Los Angeles, the Department od Re	ecreation and Parks,
I acknowledge that there is a risk of bodily injur	ry in all such activities. I also hereby	give my consent to
equipment, and field trips.		
School Club Program activities which include b	out are not limited to: sports, games, v	water play, use of play
causes of action which I may have or claim to I	have relating to my child's participation	on in any and all After
Hereby release the City of Los Angeles, it's off	ficers, agents, and employees from ar	ny and all claims and
Parent / Guardian Full Name (print)	parent / guardian of Child's Full Name (print	,

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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

, Parent / Guardian Full Name (print)	, have received, read, and understand	the Lanark Recreation				
After School Club Program Parent Handbook and have discussed with my child all the rules and						
regulations in this book. I also understan	d that if I or my child should deviate fro	m 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.						
, ,	ree to all items listed above unless stated in writing. The penalty for not following this Code of in result in dismissal from program at the Director's discretion.						
Parent / Gu	uardian Name (please print) Parent / Guardian Signature Date						

City of Los Angeles Department of Recreation and Parks

Lanark Recreation Center

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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	y 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:			
l,	, the paren	t / guardian of	- , do hereby
Parent/Guardian Name (Print)			Child's Name (print)
authorize the staff of Lanark	Recreation	Center to t	ransport 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 al	l 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 ca	refully reac	l and unders	stand the contents of this document.
Executed on the date of	/	/	_ at Canoga Park, California.
Signature of Parent/ Guardia	 an		 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.

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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 ack	nowledge that I have carefully re	ead, understand, and	d am in agreement with Lan-
ark Recreation Center's Van Pol	icies and Procedures.		
Parent/ Guardian Name (print)	Signature of Parent/ Guardian	Date	