PRE-KINDER

ENROLLMENT PACKET

Revised 4/1/19
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 program.

1. _____ Mason Pre-Kinder 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. _____ Handbook Agreement
7. _____ Service Agreement (all areas must be initialed and bottom must be signed)
8. _____ Copy of Birth Certificate
9. _____ Copy of Current Immunization Records
10. _____ Photo of the Child (placed in the child’s file for emergency purposes)
Financial Agreement

REQUIRED: Copy of Birth Certificate, Current Immunization Records, and Completed Application.

SECTION A: IDENTIFICATION

Child’s Name: ___________________________ Birth Date: _____ / _____ / ______
Address: ___________________________ City: _______________ State: _____ Zip: ________

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

Parent/Guardian: ___________ e-mail: ________________ Phone: ( ) ___-______
Parent/Guardian: ___________ e-mail: ________________ Phone: ( ) ___-______

SECTION B: FEES AND CHARGES

$20.00 - Annual Non-Refundable Registration Fee
$80.00 - 4 days per week (Monday-Thursday From 10:00am-1:00pm)
$1.00 - Late pick-up Babysitting Fee for every minute late after 1:00 p.m.
$25.00 - Late fee for monthly payments

**Fees and services will be due by check or money order on a Monthly Basis and payable to:
City of Los Angeles, Department of Recreation and Parks

PAYMENT IS DUE ON A MONTHLY BASIS (see our payment schedule for specific due dates). ALL FEES ARE DUE PRIOR TO SERVICES RENDERED.

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

I (We), the undersigned parent(s)/guardian(s) of _______________________________, a minor do hereby authorize the directors of Mason Recreation Center/Pre-Kinder program 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 or her 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).

My Child has the following Medication Limitations / Allergies/ Food Allergies:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Address __________________________ City ___________ State ______ Zip Code ________

Home Phone: ( ) ______________________ Cell Phone: ( ) ______________________

Parent / Guardian Name (please print) Parent / Guardian Signature Date
City of Los Angeles Department of Recreation and Parks

Mason Recreation Center
10500 Mason Avenue • Chatsworth, CA 91311 • Phone: (818) 998-6377 or (818) 341-9439

Waiver / Release of Liability

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at Mason Recreation Center granting my child the opportunity to participate in the Pre-Kinder ("Program")

I, (print name) __________________________________________ the undersigned, as the parent/guardian of (print 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 Pre-Kinder staff;
I understand that the Pre-Kinder carries no insurance;
I agree to complete the Pre-Kinder 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 Pre-Kinder 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 at the Pre-Kinder;
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 Pre-Kinder 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 Pre-Kinder personnel my permission to use their judgment in obtaining medical care, and; I give permission to the medical care provider selected by the Pre-Kinder personnel to render medical care deemed necessary and appropriate;
Except for the gross negligence or willful misconduct of the Pre-Kinder, I (print 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, Pre-Kinder its officers, agents, employees and/or personnel, and
I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks, Mason Recreation Center staff, the Pre-Kinder staff its officers, agents, risks of 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 Pre-Kinder 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 Pre-Kinder, 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 Pre-Kinder’ publicity, marketing and/or advertising materials;
I have read this agreement and I understand what it means to my legal rights and the Minor’s 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 and waiver release forms;
I have read and understand the payment, refund and conditions of enrollment policies as found in this registration form; my child’s space in Pre-Kinder is not guaranteed until I have made the week’s full payment.
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 Guardian Original Signature Required.

Printed Name of Parent / Guardian ___________________________

Printed Name of Witness / Rec. & Parks Employee ___________________________

Signature of Parent / Guardian ___________________________

Signature of Witness / Rec. & Parks Employee ___________________________
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 / Guardian Name (please print)

_______________________
Parent / Guardian Signature

_______________________
Date

_______________________
Relation to Child
Handbook Agreement

I, ______________________________, have received, read, and understand the Mason Pre-Kinder Program 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
City of Los Angeles Department of Recreation and Parks

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Service Agreement

PLEASE INITIAL EACH ITEM AS IT IS READ AND UNDERSTOOD

1. ____ Every 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 or money order. 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 cash thereafter. NO POST-DATED CHECKS.

3. ____ If the fee is not paid on said agreed date, the park staff has the right to refuse Pre-Kinder service for the child, without notice. All refunds are subject to 15% administration deduction.

4. ____ All days reserved must be paid in full, including days missed because of illness, trips, etc.

5. ____ All payments/fees are due prior to services rendered.

6. ____ A LATE FEE will be charged if you are late in picking up your child. The charge is $1.00 per each minute late after 1:00 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 is severe and continuous violations of our class rules. The parent/guardian will be informed 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. ____ Parent/Guardian are to notify the school if their child is going to be late or absent.

9. ____ Mason Pre-Kinder Program will be closed on all holidays observed by the City of Los Angeles. Advance notice will be given when the program will be closed.

10. ____ Parent/Guardian are to give prompt notice of any change of address and telephone numbers.

11. ____ Parent/Guardian 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.

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