

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS
NORTHRIDGE RECREATION CENTER

EARLY LEARNING PROGRAM



**PARENT HANDBOOK
& ENROLLMENT PACKET**

2024-2025 SCHOOL YEAR

NORTHRIDGE RECREATION CENTER

GENERAL POLICIES

PARTICIPANT'S FULL NAME: _____

- 1) Neither the Department of Recreation and Parks nor the Camp carries insurance.
 - 2) Registration Fee's are non-refundable.
 - 3) NO REFUNDS, NO CREDITS MAKE UP DAYS, OR TRANSFERS of money are granted, this includes those related to illness or medical reasons as well.
 - 4) Payment needs to be made on the last day of the previous month.
 - 5) Only the parents and authorized individuals listed on the child's application will be allowed to sign-out the child. When picking up the child ALL authorized individuals will be required to present a picture I.D. at anytime a staff member requests it. Written permission must be provided by the parent/guardian if you wish your child to be released to anyone other than those authorized on the registration form.
 - 6) Parents are not permitted to accompany the children during time of childcare
 - 7) Staff reserves the right to change or alter programming at any time without notice.
 - 8) All personal toys, games and other items are NOT permitted at Afterschool. The camp, the staff and the City of Los Angeles, Department of Recreation and Parks are not responsible for any broken, lost or stolen items/articles.
 - 10) ELP hours are from 9:00am (subject to change based on release time) to 6:00pm. Care ends 12:00 pm. If your child is not picked up by 12:00pm a \$1.00 per child late fee will be assessed for every 1 (one) minute late, over and above all other fees.
 - 11) FOR PLANNED ABSENCES PLEASE NOTIFY DIRECTORS 24 HOURS PRIOR TO ABSENSE.
 - 12) The City of Los Angeles, Department of Recreation & Parks, its agents and assigned representatives, has permission to use the image (digital, film, and/or audio) of your child, a minor, for the promotion of Department Programs and/or Events via any City of Los Angeles media platforms (audio, film, internet, print and/or social media).
 - 13) Northridge Recreation Center reserves the right to suspend/expel any child/parent who physically, verbally, or mentally abuses another child or staff member at any time and/or is involved with damaging property, stealing, or harming others.
- I have read and understand the AUTHORIZATION TO PARTICIPATE and GENERAL POLICIES.
 - I hereby agree to abide by all the above-mentioned policies and practices and further understand that transgression of any policy is cause for immediate expulsion from the program without refund.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

NORTHRIDGE RECREATION CENTER

FINANCIAL AGREEMENT

REQUIRED: Photo of Child and completed application

CHILDS NAME: _____ AGE: _____ DATE OF BIRTH: _____

GENDER: MALE OR FEMALE

ADDRESS: _____ CITY: _____ ZIP: _____ STATE: _____

PARENT/GARDIAN INFO:

PARENT/GUARDIAN NAME: _____ EMAIL _____ PHONE _____

PARENT/GUARDIAN NAME: _____ EMAIL _____ PHONE _____

FEES AND CHARGES:

PROGRAM DAYS: Monday- Friday

Registration Fee: \$40.00

Late Pick Up Fee: \$1.00 for every minute after 12:00pm (per child)

Monthly Fees: (Payment is based on a monthly basis. There is no daily option)

August- **\$210**

September- **\$250**

October- **\$250**

November- **\$225**

December- **\$150**

January- **\$250**

February- **\$250**

March- **\$250**

April- **\$225**

May- **\$225**

*****Fees and Services will be due, and payable by card or check on a Monthly Basis.**

Please make all payments payable to: City Of L.A., Dept. of Rec. & Parks

PAYMENT IS DUE ON A MONTHLY BASIS. PAYMENT WILL BE DUE BY FRIDAY OF THE PREVIOUS MONTH FOR EACH MONTH PRIOR TO YOUR CHILD ATTENDING THE PROGRAM. ALL FEES ARE DUE PRIOR TO SERVICES RENDERED. THERE IS A \$10.00 LATE FEE PER PAYMENT PERIOD. REPEATED VIOLATIONS MAY RESULT IN DISMISSAL FROM THE PROGRAM

I CERTIFY THAT THE ABOVE IS CORRECT AND THE TERMS ARE AGREED UPON,

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

NORTHRIDGE RECREATION CENTER IDENTIFICATION AND EMERGENCY FORM

CHILDS INFORMATION:

FIRST NAME: _____ MIDDLE: _____ LAST NAME _____
CURRENT SCHOOL: _____ CURRENT GRADE: _____
BIRTHDATE: _____ AGE: _____ GENDER: MALE OR FEMALE
ADDRESS: _____ CITY: _____ ZIP: _____ STATE: _____

PARENT/GUARDIAN INFO:

FIRST NAME: _____ LAST NAME _____ GENDER: MALE OR FEMALE
ADDRESS: _____ CITY: _____ ZIP: _____ STATE: _____
PHONE NUMBER _____
EMAIL ADDRESS _____

PARENT/GUARDIAN INFO:

FIRST NAME: _____ LAST NAME _____ GENDER: MALE OR FEMALE
ADDRESS: _____ CITY: _____ ZIP: _____ STATE: _____
PHONE NUMBER _____
EMAIL ADDRESS _____

ADDITIONAL AUTHORIZED PICK-UP AND EMERGENCY CONTACT LIST

Only people listed on the authorization pick-up list will be allowed to sign a participant out of a camp 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 from the list
below in the order listed.

1. FIRST NAME: _____ LAST NAME _____ PHONE: _____
Relationship: _____
2. FIRST NAME: _____ LAST NAME _____ PHONE: _____
Relationship: _____
3. FIRST NAME: _____ LAST NAME _____ PHONE: _____
Relationship: _____
4. FIRST NAME: _____ LAST NAME _____ PHONE: _____
Relationship: _____

PERSONS LISTED BELOW ARE **NOT** AUTHORIZED TO PICK UP MY CHILD AT ANY TIME

1. FIRST NAME: _____ LAST NAME _____ RELATIONSHIP: _____
2. FIRST NAME: _____ LAST NAME _____ RELATIONSHIP: _____
3. FIRST NAME: _____ LAST NAME _____ RELATIONSHIP: _____
4. FIRST NAME: _____ LAST NAME _____ RELATIONSHIP: _____

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

NORTHRIDGE RECREATION CENTER

MEDICAL AWARENESS & TREATMENT CONSENT

I, the undersigned as parent/guardian of _____ do hereby give my consent to the) City of Los Angeles to act as an agent for the undersigned: to consent for an x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the special supervision of any physician and/or surgeon licensed under the Medicine Practice Act on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital. This authorization is given in advice of any specific diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to specific consent. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California

CHILDS EMERGENCY INFORMATION

ADDRESS: _____ CITY: _____ ZIP: _____ STATE: _____
EMERGENCY CONTACT PERSON: _____ REATION TO CHILD: _____
PHONE: _____

EMERGENCY MEDICAL CONTACT INFORMATION

INSURANCE PROVIDER: _____ POLICY NUMBER: _____
PHYSICIAN: _____ PHONE : _____

EMERGENCY DENTAL CONTACT INFORMATION

INSURANCE PROVIDER: _____ POLICY NUMBER: _____
DENTIST: _____ PHONE : _____

PLEASE NOTE;

We do not administer, or store any type of medication at the facility at any time

Is the child on medication? Yes or No If so please fill out below:

Name of Medication: _____ Frequency: _____ Amount: _____
Name of Medication: _____ Frequency: _____ Amount: _____
Name of Medication: _____ Frequency: _____ Amount: _____

Please list any reasons for limitations of physical activities:

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

ALLERGY INFORMATION

PLEASE LIST ALL CURRENT ALLERGIES

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____

NORTHRIDGE RECREATION CENTER

WAIVER/RELEASE OF LIABILITY

I, _____, the parent / guardian of _____, hereby release Child's
PLEASE PRINT YOUR FIRST AND LAST NAME PLEASE PRINT CHILDS FIRST AND LAST NAME
Name (please print) the City of Los Angeles, its officers, agents, and employees from any and all claims and causes of action which I may have or claim to have relating to my child's participation in any and all Northridge Recreation Center activities which include but are not limited to: sports, games, fitness, cooking, swimming, use of play equipment, and field trips.

I acknowledge that there is risk of bodily injury in all such activities. I also hereby give my consent to such participation. I understand that the City of Los Angeles, the Department of Recreation and Parks, their officers, agents and employees are not liable for any participation in the above described activities.

I acknowledge that I have carefully read the contents of this document and that I understand it.

Executed on the date of ____/____/____ at Northridge, California.

Signature of Parent/ Guardian

For Staff Use Only:

Witness Name:

Witness Signature:

Date:

NORTHRIDGE RECREATION CENTER

MEDIA/ PUBLICATION CONSENT

Child's Name: _____

DEPARTMENT PHOTO/VIDEO RELEASE

I hereby give permission to the City of Los Angeles Department of Recreation and Parks to interview, photograph and/or videotape my above named child. The sole purpose of these interviews, 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:

Parent/Guardian Signature:

Date:

MEDIA CONSENT

With my signature I, hereby give my above named child full permission to participate in any News Media or Newspaper interviews, photos, or videos which may take place at Northridge Recreation Center, Northridge Aquatics Center, and/or at any field trip my child attends with Northridge Recreation Center Programs.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

NORTHRIDGE RECREATION CENTER

PARENT HANDBOOK AGREEMENT

With my signature I, _____ hereby acknowledge that I have received, read, and understand all of the rules, policies, and procedures in the AFTER SCHOOL PROGRAM PARENT HANDBOOK. I understand and agree to review this information with my child and any other persons associated with my child during the period of enrollment with Northridge Recreation Center's After School Program. I further understand that failure to comply with any part of the After School rules, policies, and procedures with result in my child's dismissal from the program.

Please Note: Every Child's file MUST contain the following completed forms before they can begin the program.

1. ____ Photo of the Child (placed in the child's file for emergency identification purposes)
2. ____ General Policies
3. ____ Financial Agreement
4. ____ Identification and Emergency Information
5. ____ Medical Awareness & Treatment Consent
- 6.. ____ Allergy Form
- 7.. ____ Media / Publication Consent
- 8.. ____ Parent Handbook Agreement

Parent/Guardian Name:

Parent/Guardian Signature:

Date: