

City of Los Angeles Department of Recreation and Parks

Northridge Recreation Center

18300 Lemarsh Street · Northridge, CA 91325 · Phone: (818) 349-0535 or (818) 349-7941

Pre-SCHOOL



ENROLLMENT Packet

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CHILD'S FILE CHECK LIST

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. _____ Photo of the Child (placed in the child's file for emergency identification purposes)
2. _____ Financial Agreement
3. _____ Identification and Emergency Information
4. _____ Medical Awareness & Treatment Consent
5. _____ Waiver/ Release of Liability
6. _____ Media / Publication Consent
7. _____ Parent Handbook Agreement
8. _____ Copy of Birth Certificate
9. _____ Copy of Immunization Records

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FINANCIAL AGREEMENT

REQUIRED: Photo of Child, Birth Certificate, Immunization Records, and Completed Application.

Child's Name: _____ Age: _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____

SECTION A: FAMILY INFORMATION

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

Parent/ Guardian 1: _____

Email: _____ Phone: () _____ - _____

Parent/ Guardian 2: _____

Email: _____ Phone: () _____ - _____

SECTION B: FEES AND CHARGES

Program Days: Monday – Thursday

\$40.00 - Annual Registration Fee (Non-Refundable)

\$70.00 - Weekly - 4 Days, Monday - Thursday

\$1.00 - Late Pick-Up Fee for every minute late after 12:00pm

***Fees and Services will be due, and payable by check, money order, or cash 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 THE 30TH OF 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 (print)

Signature of Parent/Guardian

Date

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IDENTIFICATION AND EMERGENCY INFORMATION

To Be Completed by Parent or Authorized Representative

CHILD'S INFORMATION

Name:	LAST	MIDDLE	FIRST	SEX	BIRTHDATE
Address:	NUMBER	STREET	CITY	STATE	ZIP
					TELEPHONE

PARENT/GUARDIAN 1 INFORMATION

Name:	LAST	MIDDLE	FIRST	SEX	CELL PHONE
Address:	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
E-mail Address:	E-MAIL ADDRESS #1		ALTERNATIVE E-MAIL ADDRESS #2		BUSINESS TELEPHONE

PARENT/GUARDIAN 2 INFORMATION

Name:	LAST	MIDDLE	FIRST	SEX	CELL PHONE
Address:	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
E-mail Address:	E-MAIL ADDRESS #1		ALTERNATIVE E-MAIL ADDRESS #2		BUSINESS TELEPHONE

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY AND PICK-UP AUTHORIZATION

I authorize **ONLY** these additional persons to pick up my child (include carpools) and to be contacted in case of an emergency.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP TO CHILD

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

PLEASE NOTE: If name listed is the biological parent, written documentation by the court is required.

NAME	RELATIONSHIP TO CHILD

Parent/ Guardian Name (print)

Signature of Parent/Guardian

Date

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MEDICAL AWARENESS & TREATMENT CONSENT

I, the undersigned as parent/guardian of _____, do hereby give my consent to the Child's Name (please print)
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.

CHILD'S EMERGENCY INFORMATION:

Address: _____ City: _____ State: _____ Zip Code: _____
Emergency Contact Person: _____ Relation to Child: _____
Cell: () _____ - _____ Home: () _____ - _____ Work: () _____ - _____

EMERGENCY MEDICAL CONTACT INFORMATION:

Insurance Provider: _____ Policy Number: _____
Physician: _____ Phone: () _____ - _____

EMERGENCY DENTALL 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 _____ No _____ If so, what kind:

- 1. Name: _____ Amount: _____ Frequency: _____
- 2. Name: _____ Amount: _____ Frequency: _____
- 3. Name: _____ Amount: _____ Frequency: _____

List any reasons for limitations of physical activities, if any: _____

List any major illnesses, allergies, medical conditions, or behaviors we should be aware of: _____

Parent/ Guardian Name (print)

Signature of Parent/Guardian

Date

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WAIVER / RELEASE OF LIABILITY

I, _____, the parent / guardian of _____, hereby release
Parent/Guardian's Name (please print) Child's 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:

Name of Witness (print)

Signature of Witness

Title

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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 (print)	Signature of Parent/Guardian	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 (print)	Signature of Parent/Guardian	Date

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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 PRE-SCHOOL 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 Pre-School Program. I further understand that failure to comply with any part of the Pre-School rules, policies, and procedures with result in my child's dismissal from the program.

Parent's Name (please print)

Signature of Parent/Guardian

Date