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
FINANCIAL AGREEMENT


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 or 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
# Northridge Recreation Center

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

## IDENTIFICATION AND EMERGENCY INFORMATION

To Be Completed by Parent or Authorized Representative

### CHILD’S INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>SEX</th>
<th>BIRTHDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
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</table>

### PARENT/GUARDIAN 1 INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>SEX</th>
<th>CELL PHONE</th>
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<td>Address:</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
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<tr>
<td>E-mail Address:</td>
<td>E-MAIL ADDRESS #1</td>
<td>ALTERNATIVE E-MAIL ADDRESS #2</td>
<td>BUSINESS TELEPHONE</td>
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### PARENT/GUARDIAN 2 INFORMATION

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<tr>
<th>Name:</th>
<th>LAST</th>
<th>MIDDLE</th>
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<th>SEX</th>
<th>CELL PHONE</th>
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<td>Address:</td>
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<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td>E-MAIL ADDRESS #1</td>
<td>ALTERNATIVE E-MAIL ADDRESS #2</td>
<td>BUSINESS TELEPHONE</td>
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### 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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
<th>RELATIONSHIP TO CHILD</th>
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**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.

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<tr>
<th>NAME</th>
<th>RELATIONSHIP TO CHILD</th>
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Parent/ Guardian Name (print) ___________________________ Signature of Parent/Guardian ___________________________ Date ___________________________
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.

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 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 ________ 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
WAIVER / RELEASE OF LIABILITY

I, ______________________________, the parent / guardian of ______________________________, hereby release
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 equip-
ment, and field trips.

I acknowledge that there is risk of bodily injury in all such activities. I also hereby give my consent to such par-
ticipation. 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
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
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.

___________________________  ________________________
Signature of Parent/Guardian          Date