

**Valley Plaza Recreation Center**

12240 Archwood Street, North Hollywood CA 91606 Phone (818) 765-5885 **Park Office**

6451 St. Clair Ave, North Hollywood CA 91606 (818) 764-1679 **Child Care Center**

**Early Learning Pre-School Registration Form**

**Child's Name** (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

School Dismissal Time: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_\_ Work Phone : (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_\_ Work Phone : (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT & AUTHORIZED PICK UP PERSONS**

Please make sure to list **every** person that might come to pick up your children (other than listed above)  
Children WILL NOT be released to any person not listed above or below.

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_\_ Work Phone : (\_\_\_\_) \_\_\_\_\_ Cell Phone : (\_\_\_\_) \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_\_ Work Phone : (\_\_\_\_) \_\_\_\_\_ Cell Phone : (\_\_\_\_) \_\_\_\_\_

3.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_\_ Work Phone : (\_\_\_\_) \_\_\_\_\_ Cell Phone : (\_\_\_\_) \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# Health History Form

Please complete this form with the most recent and accurate information possible. This will help our staff with any extra information that may be pertinent to the care of your child. If there are any special needs your child may have due to diagnosed medical conditions (i.e. Autism, ADD, ADHD) we need to be made aware of them in order to assure proper care for your child. Some conditions may require a one-on-one provided by the family or state. Valley Plaza Recreation Center does not provide one-on-one supervision; all activities are group activities. Should anything happen that would alter this health history information; please let us know immediately.

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Does your child have any special needs? Please Explain: \_\_\_\_\_

\_\_\_\_\_

## PLEASE CHECK IF YOUR CHILD HAS HAD THE FOLLOWING:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Headaches      | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Upset Stomach  |
| <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Appendicitis    | <input type="checkbox"/> Measles        |
| <input type="checkbox"/> Bed wetting   | <input type="checkbox"/> Scarlet Fever  | <input type="checkbox"/> Nose Bleeds     | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Diphtheria    | <input type="checkbox"/> Constipation   | <input type="checkbox"/> German Measles  | <input type="checkbox"/> Fainting       |
| <input type="checkbox"/> Skin Rash     | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Tonsillitis     | <input type="checkbox"/> Asthma         |
| <input type="checkbox"/> Mumps         | <input type="checkbox"/> Heart Trouble  |  |   |

Allergies: \_\_\_\_\_

Allergy Medication(s): \_\_\_\_\_

Asthma (or Hay Fever): \_\_\_\_\_ Medication: \_\_\_\_\_

Serious Injuries or Illness: \_\_\_\_\_

Has the child received medical treatment during the past year: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Does child currently take medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the medication? \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

# EARLY LEARNING PRE-SCHOOL RULES AND PROCEDURES

2019-2020 School Year

1. EARLY LEARNING PRE SCHOOL PROGRAM FEE.

**Registration fee:** \$130/month or \$50/week

The **MONTHLY FEE** must be paid even if your child will attend only one or a few days that month. Payment is due the **FIRST OF EACH MONTH**. IF PAYMENT IS LATE, A \$10.00 FEE WILL BE CHARGED. Children will not be admitted if payment has not been made.

2. Credit or Refund. No credit or refund will be given if your child is absent due to illness or other reasons.

3. Drop-off/Pick-up Procedure. We require a full signature of the person who picks-up your child as well as the time of pick-up. **Your child will only be released to persons you have listed on "Authorized Pick-up List". We will accept over the phone or written release authorizations in emergency situations ONLY!** It is for the protection of your child that we will not accept these. If you need to add or delete anyone from the "Authorized Pick-up List", you must do so in person in the office.

4. Early Learning Pre-School Hours: 8:30 am – 12:30 pm

Please pick up your child on time. If your child is going to be picked up late, you must notify the office. (818-764-1679) **Children will be turned over to the nearest LAPD Station after one hour if parents fail to pick up their child/children. There is a late pick-up fee of \$1.00 for every minute per child. In order to attend the Pre-School Program the following day, the late fees MUST BE PAID before 9.00am.**

5. Discipline. APPROPRIATE BEHAVIOR FROM CHILDREN IS EXPECTED AT ALL TIMES! The staff will use the following discipline procedure: 1) Verbal warning, 2) Cool Down Period, 3) "Sad Gram" Notice is sent home. If child received 3 "Sad Gram" notices, he or she may be expelled Pre-School Program. Any serious misconduct will result in immediate dismissal.

6. Illness. No child will be admitted to program with a contagious illness, fever, rash, or lice problem. If your child becomes ill while in camp, you will be called and asked to pick him or her up within a half-hour.

7. **Change of Address or Telephone number:** You must notify us as soon as possible of any changes in your address or telephone numbers (home & work)
8. **Name on Items:** Your child must have his or her name on all personal belongings including jackets, backpacks, caps, lunch boxes, towels, and clothing articles.
9. **Valuables:** Your child must not bring items of value to camp as they may be lost or damaged. VALLEY PLAZA RECREATION CENTER IS NOT RESPONSIBLE FOR ANY LOST OR DAMAGED ITEMS. INITIAL: \_\_\_\_\_
10. **Footwear:** Only closed-toe shoes are permitted. No thongs, sandals, or slippers. We strongly recommend tennis shoes.
11. **Lunch:** Children must bring their own nutritious lunch every day.  
 \*\*If your child has allergies or special dietary needs, please notify staff in writing so we may accommodate your child\*\*
12. **Holidays and City Closures:** Our Program follows LAUSD school year calendar, and City of Los Angeles holiday Closures. The Early Learning Pre-School Program is closed on LAUSD Holidays and City of Los Angeles holidays. Please review the attached City Of Los Angeles Holiday Closures.  
 \*\* Monday, October 14, 2019 and Monday, March 30, 2020 are City Holidays ONLY. Children are in school those days, but After School Program is CLOSED. Please make arrangements on those days for pick up.

**“I have read and understand the above mentioned rules and procedures of Valley Plaza Recreation Center’s Program. I further agree that failure to comply with these rules and procedures may result in the removal of my child from the Early Learning Pre-School Program.”**

\_\_\_\_\_  
 Signature of Parent

\_\_\_\_\_  
 Name of Child

\_\_\_\_\_  
 Date

# Record of Payment

*For Office Use Only:*

Date	Receipt No.	Week/Month Paid	Amount	Staff Initials