CITY OF LAS VEGAS ABE MONTOYA RECREATION CENTER

AFTER SCHOOL REGISTRATION FORM

SEPTEMBER 3, 2018 TO MAY 31, 2019

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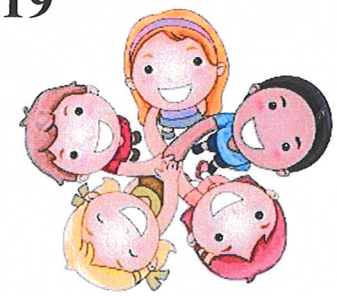
2:30pm to 5:30pm

Monday through Friday

Head Start, K, 1st &2nd GRADE,
3rd & 4th GRADE,
5th, 6th, 7th & 8th GRADE



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

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **GRADE:** _____

EMAIL: _____

HOME PHONE: _____ **WORK PHONE:** _____

FATHERS NAME: _____ **CELL PHONE:** _____

MOTHERS NAME: _____ **CELL PHONE :** _____

EMERGENCY CONTACT: _____ **PHONE #:** _____

FOR OFFICIAL USE ONLY

$50.00 MONTH FIRST CHILD/$40.00 SECOND/THIRD CHILD

AMOUNT PAID: $_____ PAYMENT TYPE: (check/cash) CK #: _____
CLERK SIGNATURE: _____ DATE: _____
MONTHLY: _____
DROP IN: _____ **AMOUNT PAID:** _____
DAY(s): M T W TH F DATE FROM: _____ **DATE TO:** _____

ALL RECEIPT'S MUST BE ATTACHED TO THIS FORM AND PARTICIPANTS NAME/NAMES
MUST BE ON RECEIPT (multiple children - make multiple receipts)

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SEPTEMBER _____
OCTOBER _____
NOVEMBER _____
DECEMBER _____ 1/2 MONTH

JANUARY _____
FEBRUARY _____
MARCH _____
APRIL _____
MAY _____

PARENT SIGNATURE: _____ **DATE:** _____
COMMENTS: _____

MEDICAL HISTORY

Facts concerning child's medical history to which a physician should be alerted. All information obtained is considered confidential, except to medical provider. Please indicate if the participant has had, or is currently under treatment for any of the following conditions:

ASTHMA _____ DIABETES _____ SEIZURES _____

HEART PROBLEMS _____ HEPATITIS _____ MIGRAINE HEADACHES _____

BLEEDING DISORDER _____ HIGH BLOOD PRESSURE _____ EAR PROBLEMS _____

EMOTIONAL PROBLEMS _____ TETANUS (DATE): _____ INFECTIOUS DISEASES _____

MENINGITIS _____ MUSCULAR WEAKNESS _____ ALLERGIES _____

CONTACTS _____ REACTIONS TO MEDICINES: (please list): _____

LONG TERM MEDICATIONS (please list): _____

HOSPITALIZED FOR SERIOUS ILLNESS, SURGERY, and ACCIDENTS: Explain: _____

_____

Has child ever been treated, informed of the need to be on antibiotic therapy prior to dental treatment
YES_____ NO _____ PLEASE ADD ANY PROBLEMS NOT LISTED: _____

Please be advised that the City of Las Vegas recreation program does not have the ability to handle special needs children. If your child has special needs, they will need to be accompanied by a qualified professional that can care for their individual needs. **Please contact the Recreation department staff to set up any additional needs required.**

EMERGENCY MEDICAL AUTHORIZATION

I, Parent/guardian _____ hereby authorize medical treatment for my child, _____ who may become ill or injured while under program authority, when parents cannot be contacted. In case of an emergency, I hereby give my consent to transport my child to the following medical care providers; I give any reasonable and customary medical and health care deemed necessary.

PRIMARY PHYSICIAN: _____ PHONE NUMBER: _____

PRIMARY DENTIST: _____ PHONE NUMBER: _____

If for any reason the listed medical care provider cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care facility. This authorization does not cover any major surgery unless one other doctor/dentist concurs. Nothing in this section shall be constructed to impose liability on any recreation program staff, city official, or city employee whom in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

PICK UP AUTHORIZATION FORM

The following people are authorized to pick up my child from the Summer Day Camp program. I understand my child will be allowed to leave with these individuals only. Identification may be required.

ONLY Parent/Guardian may at any time add, delete or change authorized persons during course of the program. Please notify the Recreation Leader for any updates to this authorization form. Child must be picked up by 5:15pm - 5:30pm. A $5.00 fee will be assessed after 5:30pm.

Childs name: _____

(Parents/Guardians, please include yourself/spouse/partner, etc)

Parent/Guardian: _____ Relationship: _____

Phone Number: _____

Parent/Guardian: _____ Relationship: _____

Phone Number: _____

Authorized Person #1: _____ Relationship: _____

Phone Number: _____

Authorized Person #2: _____ Relationship: _____

Phone Number: _____

Authorized Person #3: _____ Relationship: _____

Phone Number: _____

Authorized Person #4: _____ Relationship: _____

Phone Number: _____

Authorized Person #5: _____ Relationship: _____

Phone Number: _____

If you would like a person that is not on this form to pick up your child, please notify the Camp Supervisor as soon as soon as possible prior to child being picked up to avoid delay in pick up process.

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Name of person/persons **NOT ALLOWED** to pick up my child:

_____ _____

Parent/Guardian Signature: _____

NOTE: A $5.00 FEE WILL BE ASSESSED FOR PICK UPS AFTER 5:30PM

BEHAVIOR

We will make every effort to provide an atmosphere that is conducive to the safety and wellbeing of your child. We encourage appropriate behavior of each child. Maintaining proper conduct while attending the after school program is the joint responsibility of the child, the parents/guardians, and recreation staff. The following is an example behavior report:

Child Name: _____ Date: _____

Offense: 1st 2nd 3rd

___Refusing to obey Recreation Leader; Repeatedly not following instructions

___Fighting - (included but not limited to: punching, pinching, hitting, throwing something, kicking, etc)

___Bullying and/or harassing another camper

___Physical aggression toward Recreation Leader/Staff

___Failure to follow rules (Safety concern)

___Inappropriate language/profanity

___Mistreatment of facility and/or equipment

___Other: (be specific)

_____

_____

___Disciplinary action taken by Recreation Leader:

___Warning/Verbal

___Conference and Time out Minutes: _____

___Sent directly to Recreation Coordinator

___Recreation Leader/Recreation Coordinator call to Parent/Guardian

___Other: (be specific) _____

Details: (be specific)

_____

PERMISSION TO ATTEND FIELD TRIPS/SPECIAL EXCURSIONS

During the program, participants may have the opportunity to attend field trips and special excursions. I understand that a group may at the last minute be able to attend a special event depending on transportation or opportunity and I may or may not be notified. I understand that my child is supervised at all times. I understand that some special field trips may require an additional fee to attend. Permission forms will be sent home and must be returned as soon as possible with full payment. Pre registration for some events and/or programs is necessary to allow recreation staff to schedule transportation and supervision. I hereby authorize my child _____ to participate and attend these trips with the recreation program.

_____

PARENT/GUARDIAN SIGNATURE

PERMISSION TO TAKE PICTURES

During the program, participants may have the opportunity to have pictures taken by local media or Recreation Center staff. Action pictures are utilized on display boards for health fairs, legislative requests, grant writing, recreation center program promotions and/or local media.
We understand that some parents may not wish for their child to be photographed.

I **hereby allow** my child to be in photographs

_____

PARENT/GUARDIAN SIGNATURE

I **DO NOT** allow my child to be in Photographs

_____

PARENT/GUARDIAN SIGNATURE

REFUND POLICY

REFUND POLICY: I understand that I will abide by the current Abe Montoya Recreation Center

Refund Policy/Corrections Procedure Administrative Number A11-194:

AFTER SCHOOL PROGRAM 100% refund given if the office is notified that participant will withdraw before starting the first day of session. 50% refund will be given in the first 10 days of the program. (Excluding weekends and holidays)

Parent/Guardian Signature: _____

RELEASE OF LIABILITY

I/We do hereby agree to release, hold harmless, and forever give up claim against the City of Las Vegas, Abe Montoya Recreation Center, or any of its agents, representatives, and staff, volunteers that may arise for damages on account of bodily injury or property damages arising in any manner out of participation in the Recreation Department program.

I, _____ understand that by my child participating, there is a chance of injury including, but not limited to, muscle sprains, strains, scratches, cuts, bruises, sunburn, bug bites, bone breaks, head injuries, possible paralysis and or death; I am intending to be legally bound, and do hereby, for my child, heirs, my personal representatives and assigns, waive, release and forever discharge any claims for damages which may have or may hereafter occur to my child against the City of Las Vegas, recreation staff, and volunteers, from claims, injuries, or actions sustained or suffered in connection with my child's association, entry or arising from my child's participation in said recreation activities and field trips.

_____ _____

PARENT/GUARDIAN PRINT **PARENT/GUARDIAN SIGNATURE**