

City of Los Angeles Department of Recreation and Parks

Shadow Ranch Recreation Center

22633 Vanowen Street • West Hills, CA 91307 • Phone: (818) 883-3637 • Fax: (818) 883-3637

Early Learning Program



ENROLLMENT PACKET

03/2016

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Child's File Check-off 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 Early Learning Program.

1. _____ Financial Agreement Form
2. _____ Consent for Emergency Medical Treatment
3. _____ Waiver / Release of Liability
4. _____ Photograph / Video Release Form
5. _____ Parent Handbook Agreement
6. _____ Service Agreement (**all areas must be initialed and bottom must be signed**)
7. _____ Identification and Emergency Form / Early Learning Program Payments
8. _____ Copy of Birth Certificate
9. _____ Copy of Current Immunization Records
10. _____ Photo of your Child (attach to packet when returned to office)

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Financial Agreement

REQUIRED: Copy of Birth Certificate, Current Immunization Records, and completed Application.

SECTION A: IDENTIFICATION

Child's Name: _____ Birth Date: _____ / _____ / _____

Address: _____ City: _____ State: _____ Zip: _____

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

Mother's Name: _____ e-mail: _____ Phone: () _____ - _____

Father's Name: _____ e-mail: _____ Phone: () _____ - _____

SECTION B: FEES AND CHARGES

\$50.00 - Annual Non- Refundable Registration

\$250.00 - Per Month (Monday-Thursday) Monthly fee

\$25.00 - Late payment fee (Payments are due by the 30th of the previous month, payments are considered late on the 1st.)

\$125.00- Vacation/Extended Absence fees per month to hold your child's spot.

*After 3 times being late child will be automatically enrolled in Afterschool class.

Fees and services will be due by cash, check, money order, Visa or Mastercard on a monthly basis and payable to: **City of L.A., Department of Recreation and 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 \$25.00 LATE FEE PER MONTHLY FEE. REPEATED VIOLATIONS MAY RESULT IN DISMISSAL FROM THE PROGRAM.

Program Begin Date: _____ **Program End Date:** _____

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

Person financially responsible:

Parent / Guardian Name (please print)

Parent / Guardian Signature

Date

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Consent for Emergency Medical Treatment

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO
SHADOW RANCH RECREATION CENTER TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL
CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST

(D.D.S.) FOR _____ . THIS CARE MAY BE GIVEN UNDER
Child's Name (please print)

WHATEVER CONDITION IS NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL BEING OF
THE CHILD NAMED ABOVE.

My child has the following Medication Limitations / Allergies:

Address _____ City _____ State _____ Zip Code _____

Home Phone: () _____ Cell Phone: () _____

Parent / Guardian Name (please print) Parent / Guardian Signature Date

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Waiver / Release of Liability

I, _____, the parent / guardian of _____,
Parent / Guardian Full Name (print) Child's Full Name (print)

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 Early Learning Program activities which include but are not limited to: **sports, games, swimming, use of play equipment, and field trips.**

I acknowledge that there is a 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 consents of this document and that I understand it.

Executed on the date of ____ / ____ / ____ at Los Angeles, California.

Printed Name of Parent / Guardian

Printed Name of Witness / Rec. & Parks Employee

Signature of Parent / Guardian

Signature of Witness / Rec. & Parks Employee

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Photograph / Video Release Form

I hereby give permission to the City of Los Angeles Department of Recreation and Parks to photograph and/or videotape my child. The sole purpose of these 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 (please print)

Parent / Guardian Signature

Date

Relation to Child

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Parent Handbook Agreement

I, _____, have received, read, and understand the Shadow Ranch
Parent's Name (Please Print)
Early Learning Program Parent Handbook and have discussed with my child all rules and regulations
outlined in this book. I also understand that if I or my child should deviate from the rules in this book,
my child will be removed from the program.

Parent / Guardian Name (please print)

Parent / Guardian Signature

Date

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Service Agreement

PLEASE INITIAL EACH ITEM AS IT IS READ AND UNDERSTOOD

1. ____ Every parent / guardian or designated person must sign the child in and out with their full signature each day. State law forbids any person to pick up a child unless their name is on the authorization list. Any person picking up your child must have I.D. available to present upon the request of staff.
2. ____ Fees for services will be due and payable on a monthly basis by cash, check, money order or credit Card (VISA or MASTERCARD only). Payments are to be made payable to: **L.A. City, Department of Recreation and Parks**. In the event that a check is returned by the bank unpaid, payment must be paid by credit card, money order or cash thereafter. **NO POST-DATED CHECKS.**
3. ____ If the fee is not paid on said agreed date, the Facility Director has the right to refuse Early Learning services for the child, without notice.
4. ____ All days reserved must be paid in full, including days missed because of illness, trips, etc. Exceptions: If a child is out two weeks or more, with a doctors excuse, the fees may be waived (see director).
5. ____ A **\$25.00 LATE FEE** will be instituted if payment is not received by the 30th of the month.
6. ____ A LATE FEE will be charged if you are late in picking up your child. Your child will be automatically enrolled in the Afterschool class after 3 late pick-ups. If you know you are going to be late, please notify the school so we can reassure your child.
7. ____ A child will be terminated from our program if there are severe and continuous violations of our class rules. The parent will be informed if / when these violations occur and may be asked to attend a day with their child to observe the behavior. Termination occurs to ensure the safety of ALL students.
8. ____ Shadow Ranch Early Learning Program, will be closed on all holidays observed by the City of Los Angeles. Advance notice will be given when Early Learning Programs will be closed.
9. ____ Parents are to give prompt notice of any change of address and telephone numbers.
10. ____ Parents must notify the school two weeks prior to permanently withdrawing a child from the program.
11. ____ Do not bring a child with a CONTAGIOUS ILLNESS OR FEVER.

THANK YOU FOR TAKING THE TIME TO READ THE ABOVE.

I hereby agree to all items listed above unless stated in writing,

Parent / Guardian Name (please print)

Parent / Guardian Signature

Date