

AFTER SCHOOL CLUB REGISTRATION FORM

SCHOOL NAME _____ GRADE _____ ROOM _____ TEACHER _____

SCHOOL DISMISSAL TIME: _____

Child's Name (Last, First): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Age: _____ Gender: Male: _____ Female: _____ Other: _____

Parent/Guardian (1): _____

Cell Phone: _____ Work: _____

Email: _____

Parent/Guardian (2): _____

Cell Phone: _____ Work: _____

Email: _____

EMERGENCY CONTACT & AUTHORIZED PICK-UP PERSONS

Please make sure to list every person that may come to pick up your child(ren) other than the parents listed above. Child(ren) **WILL NOT** be released to any person not listed above or below.

1. Name: _____ Relationship: _____

Cell Phone: _____ Work: _____

2. Name: _____ Relationship: _____

Cell Phone: _____ Work: _____

3. Name: _____ Relationship: _____

Cell Phone: _____ Work: _____

4. Name: _____ Relationship: _____

Cell Phone: _____ Work: _____

HEALTH HISTORY

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< ADHS) 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. Winnetka 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.

Child's Name: _____ Birth Date: _____

Doctor's Name: _____ Phone: _____

Does your child have any special needs? If yes, please explain. _____

PLEASE CIRCLE IF YOUR CHILD HAS HAD THE FOLLOWING:

Chicken Pox	Headaches	Rheumatic Fever	Upset Stomach
Sinus Trouble	Hay Fever	Appendicitis	Measles
Bed Wetting	Scarlet fever	Nose Bleeds	Ear Infections
Diphtheria	Constipation	German Measles	Fainting
Skin Rash	Frequent Colds	Tonsillitis	Asthmas
Mumps	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: _____

Dietary Restrictions: _____

Credit or Refund: An automatically 15% fee will be charged for all refunds processed. Once the program begins the fee will be increased to 50% refund of payment. All refund/credit requests should be emailed to winnetka.recreationcenter@lacity.org. A check or return to your credit card will be mailed within 6-8 weeks.

Drop-Off/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 remove anyone from the "Authorized Pick-up List" you must do so in person in the office.

Program Hours: From after school (usually 2:30 pm or 1:00 for early dismissal) until 6:00 pm. Please pick up your child(ren) on time. If your child is going to be picked up late, you must notify the office. (818)756-7876. Children will be turned over to the nearest LAPD station after one hour if parent fails to pick-up their child(ren). There is a late fee of \$20 for every 30 minutes per child. In order to attend the After School program the following day, the late fees must be paid before 10:00 am.

Discipline: Appropriate behavior is expected from your child(ren) at all times. The staff will use the following procedure when addressing behaviors: 1) Verbal Warning, 2) Cool Down Period. 3) Oral or Written Notice to Parent. If your child receives 3 or more written notices, they may be dismissed from the After School Program. Any serious misconduct will result in immediate dismissal.

Illness: No child will be admitted to the program with a contagious illness, fever, rash, lice, etc. problem. If your child becomes ill while in camp you will be called and asked to pick him or her up within 30 minutes.

Valuables: Your child must not bring items of value as they may be lost or damaged. WINNETKA RECREATION CENTER IS NOT RESPONSIBLE FOR ANY LOST OR DAMAGED ITEMS. **INITIAL** _____

Footwear: Only closed – toe shoes are permitted. No thongs, sandals or slippers. We strongly recommend tennis shoes.

Snacks: Children are welcome to bring their own nutritious snack every day. ** If your child has allergies or special dietary needs, please notify staff writing so we may accommodate your child. **

Holidays and City Closures: Our program follows LAUSD school year calendar, and City of Los Angeles holiday closures. After School Program is closed on LAUSD Holidays and City of Los Angeles holidays. Please review the attached City of Los Angeles Holiday Closures. **

**October 14th, 2024, is a City Holiday ONLY. Children are in school those days, but After School Program is CLOSED. Please make arrangements on those days pick up.

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

Parent/Legal Guardian Signature: _____ Name of Child: _____ Date: _____