

Registration Form

Student Information:

Household #: _____

Last Name: _____ First: _____

Gender: _____ Birthdate: _____ Age: _____

Contact Information:

Address: _____ City: _____ Zip: _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Relation to Child: _____ Relation to Child: _____

Primary Phone: _____ Primary Phone: _____

Secondary Phone: _____ Secondary Phone: _____

Occupation: _____ Occupation: _____

Email: _____ Email: _____

Persons listed below, are additional contacts in case of an emergency and should not be parents or guardians.

Emergency Contact: Name: _____ Phone: _____ Relation _____

Emergency Contact: Name: _____ Phone: _____ Relation _____

I authorize ONLY these additional persons (in addition to myself and the emergency contact people) to pick up my child(ren) .

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Persons listed below, **ARE NOT authorized to pick up my child at any time.

****Please Note:** If named person is a biological parent, written documentation by the court is required.

**Name _____ Relation _____

Medical Information:

Insurance Provider: _____ Medical ID #: _____

Physician _____ Phone _____ Dentist _____ Phone _____

Is your child currently on medication? Yes ___ No ___ If so, list medication _____ dose _____

Does medication need to be taken at school? Yes ___ No ___

If so, list medication: _____ Amount _____ Frequency _____

Reason for limitations of physical activities, if any _____

List any major illnesses, allergies, medical conditions, or behaviors we should be aware of: _____

If your child requires any special dietary needs, please supply the child with the appropriate foods/drinks and notify the lead teacher

PLEASE READ THROUGHOUTLY. STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE IN ANY SCHOOL PROGRAMS OR WOODLAND HILLS RECREATION CENTER EARLY LEARNER PROGRAMS UNLESS THIS FORM IS FILLED OUT CORRECTLY AND SIGNED.

AUTHORIZATION TO PARTICIPATE & MEDICAL RELEASE POLICIES

My child, (print name) _____, a minor, has/have my authorization to participate in the WHRC programs & all activities therein. I further agree to relieve the City of Los Angeles, Dept. of Recreation and Parks, its officers, agents, and employees from any liability for injury to my child(ren) resulting from and/or in connection with activities in this program. I, the undersigned, as parent/guardian of the above mentioned minor(s) do hereby authorize the City of Los Angeles to act as agent for the undersigned; to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis of treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care deemed advisable.

I have read and understand the Authorization to Participate and Medical Release Policies. If anything happens to the Student that would alter health history information after this form is returned, it will be your responsibility to let the school know immediately.

Parent / Guardian (Print Name)

Parent / Guardian (Signature)

Date

Early Learner

STAFF USE

Circle: ABC 123 (4-5 years) Bright Beginnings (3-4 years) Age as of Sept. 1st 2024

Payment Record Form

HH# _____

Student Name (Last, First): _____

| Payment | Amount Due | Date Due: | Date Paid | Receipt # | Late Payment Fee (\$25) Receipt # | Late Pick Up Fee (\$10) Receipt # |
|-------------------------|-----------------------|----------------------|-----------|-----------|-----------------------------------|-----------------------------------|
| <i>Registration Fee</i> | \$50 | Time of Registration | | | | |
| August | NO PAYMENT DUE | | | | | |
| September | \$360 | Time of Registration | | | | |
| October | \$360 | Oct. 15th | | | | |
| November | \$360 | Nov. 15th | | | | |
| December | NO PAYMENT DUE | | | | | |
| January | \$360 | Jan. 15th | | | | |
| February | \$360 | Feb. 15th | | | | |
| March | \$360 | March 15th | | | | |
| April | \$360 | April 15th | | | | |
| May | \$360 | May 15th | | | | |

Notes:

I have read and understand the Early Learner Programs Policies that were listed in the Parent Handbook. I hereby agree to abide by all the mentioned polices & practices and further understand that transgression of any policy is cause for immediate expulsion from the program without refund.

Parent/Guardian Name (Print)

Signature

Date