

# City of Costa Mesa ♦ Parks and Community Services Department

## L.E.A.P Early Childhood Program - Registration Form

### General Policies

1. **Refund Policy:** Request for refund must be submitted to staff during first week of each month in writing. A refund charge of \$20 will apply. Requests can be emailed to [cmrecinfo@costamesaca.gov](mailto:cmrecinfo@costamesaca.gov)
2. Program hours are 9am - 1pm. Early drop-offs will not be accepted. A \$20 fee will be charged for every 15 minutes or part thereof for late pick-ups. Time is determined by the room clock.
3. Fees are per month regardless of the number of program days in the month or the numbers of days your child attends the program.
4. Additional \$5 materials fee will be charged each month for crafts and materials.
5. Program fees are due monthly on the 15th for the following month. Failure to submit payment by the 15th may result in cancellation of your child's enrollment.

1. Initial: \_\_\_\_\_
2. Initial: \_\_\_\_\_
3. Initial: \_\_\_\_\_
4. Initial: \_\_\_\_\_
5. Initial: \_\_\_\_\_

### Please Print and Fill Out Completely

PLEASE SELECT L.E.A.P SESSION:       4-5 Years: Monday, Wednesday, & Friday       3-4 Years: Tuesday & Thursday

Child Name: \_\_\_\_\_ Date of Birth:      /      /      Gender: M F

Parent/Guardian Name : \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Medical History

*Please check all that apply:*

#### ALLERGIES

Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Bee Stings	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Latex	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Seizures	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Foods	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Any Other Allergies       No       Yes

If yes, please explain: \_\_\_\_\_

Is your child on any medication (Inhaler, EpiPen, etc...):       No       Yes

If yes, please list medication \_\_\_\_\_

If your child needs medication to be taken during program hours, you will need to fill and submit a "Request for Administration of Medication" form. Please speak with staff.

### Emergency Contacts

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### Minor Release Waiver

**GENERAL POLICIES:** I, the undersigned, understand and agree to the General Policies set forth herein. I further understand that if a participant has previously been or is the subject of discipline, suspension, or expulsion in connection with any City recreation programs, or has exhibited disruptive conduct, the City may, in its discretion, immediately unenroll the participant.

**ASSUMPTION OF RISK:** I fully understand that my or my child/children's participation in City recreation programs may expose me or my child/children to the risk of personal injury, death and/or property damage. I hereby acknowledge that participation in City programs is voluntary and I agree to assume the full risk of any injuries and/or damages and/or losses of property, regardless of severity and including death, that may occur in connection with my or my child/children's participation in City programs.

**PHOTO RELEASE:** I understand that City representatives may photograph or record activities of City programs and participants. I hereby grant permission for the City to use and/or publish my or my child/children's photograph or likeness photographed or recorded during my or my child/children's participation in City programs to promote City programs and services, and for any other purpose, without compensation to me or my child/children.

**MEDICAL RELEASE:** I authorize the City to provide or cause to be provided such medical treatment to me or my child/children as may be necessary or appropriate if any injury occurs during my or my child/children's participation in City recreation programs. I further agree to pay any and all costs incurred in connection with such treatment.

**CIVILITY CONDUCT POLICY:** I understand that the Recreation Division's Civility Conduct Policy is intended to provide a safe, friendly and comfortable environment for participants and staff by requiring that everyone "treat others the way you want to be treated." I understand that any participant that violates the Civility Conduct Policy may, depending on the severity of the violation, be subject to disciplinary action, including, but not limited to, a verbal warning, immediate removal from the program/event, and/or denial of future participation in City programs.

**WAIVER AND RELEASE OF LIABILITY:** I, intending to be legally bound for myself and my heirs, personal representatives, next of kin, and anyone who might make a claim on my behalf, hereby waive, release, and discharge the City of Costa Mesa, and its elected officials, officers, agents, employees, and volunteers from any and all claims for damages and/or liability, whether caused by any active or passive negligent act or omission of the City of Costa Mesa, or its elected officials, officers, agents, employees, and/or volunteers, or otherwise related to my or my child/children's participation in City programs, and promise not to sue the City of Costa Mesa, or its elected officials, officers, agents, employees, and/or volunteers for any damages I incur in connection with the City's programs. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

As part of our commitment to the "Americans with Disabilities Act" and our participants, are there any special accommodations needed for your participation in the above mentioned activities? If yes, please explain: \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_