

City of Costa Mesa ◇ R.O.C.K.S After School Program ◇ Registration Form 2019/2020

General Policies

1. Request for refund must be submitted in writing to staff during the first week of each session. A service charge of \$20 will apply. Refund requests may be emailed to cmrecinfo@costamesaca.gov 1. Initial: _____
2. A \$20 fee will be charged for every 10 minutes, or part thereof, for late pick-ups. 2. Initial: _____
3. I have read and understand the rules & disciplinary process of the R.O.C.K.S Program (see parent packet). 3. Initial: _____

School Sites (check school of choice):

- | | | | | | |
|---------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> California | <input type="checkbox"/> College Park | <input type="checkbox"/> Davis | <input type="checkbox"/> Killybrooke | <input type="checkbox"/> Paularino |
| <input type="checkbox"/> Pomona | <input type="checkbox"/> Rea | <input type="checkbox"/> Sonora | <input type="checkbox"/> Victoria | <input type="checkbox"/> Whittier | |

Please Print and Fill Out Completely

Child 1 Name (First, Last): _____ Date of Birth: / / Age: M F Grade: _____

Child 2 Name (First, Last): _____ Date of Birth: / / Age: M F Grade: _____

Parent/Guardian Name (First, Last): _____ Cell #: _____ Home/Work #: _____

Parent/Guardian Name (First, Last): _____ Cell #: _____ Home/Work #: _____

Address: _____ Email: _____

Medical History

Please check all that apply

	CHILD 1	CHILD 2
ADD/ADHD	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Seizures	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Chicken Pox	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Head Lice (recent)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other Diseases/Conditions	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

If Yes, please explain: _____

1-on-1 care is needed for my child** No Yes No Yes

**** Please note the City strives to make reasonable accommodations for participants with a special need or developmental disability. The City does not currently offer structured inclusion services to participants that require a 1-on-1 aid for assistance or supervision during program hours. A 1-on-1 aid that is provided by the participant's family/guardian will be accepted with proper documentation.**

If your child needs medication to be taken while at R.O.C.K.S, you will need to fill out a "Request for Administration of Medication" form. Please request form from staff.

Name of medication: _____ Reason: _____

Additional Information

EMERGENCY CONTACTS:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

CODE WORD:

Adults must sign out child(ren) from R.O.C.K.S using the above code word. The code word is for your child's safety. Please remember this is confidential and should only be released to trusted individuals.

SIGNING IN/OUT:

Do you give your child(ren) permission to sign themselves in/out of R.O.C.K.S? No *Yes

*If yes, parent/guardian must provide a written letter of consent to the program director or email consent to cmrecinfo@costamesaca.gov.

Payment Options & Fees

(All fees include additional \$5 per session materials fee)

SESSIONS

#1 Sept. 3 – Sept. 27 \$58 (4-weeks)	#6 Feb. 3 – Feb. 28 \$47 (3-weeks)
#2 Sept. 30 – Oct. 31 \$70 (5-weeks)	#7 Mar. 2 – Mar. 27 \$58 (4-weeks)
#3 Nov. 4 – Nov. 26 \$47 (3-weeks)	#8 Mar. 30 – May 1 \$58 (4-weeks)
#4 Dec. 2 – Dec. 20 \$47 (37weeks)	#9 May 4 – May 29 \$58 (4-weeks)
#5 Jan. 6 – Jan. 31 \$58 (4-weeks)	#10 June 3– June 19 \$47 (3-weeks)

TRI-INSTALLMENT

#1 Sept. 3 – Dec. 20 \$206
#2 Jan. 6 – March 27 \$153
#3 March 30 – June 19 \$153

YEARLY

Sept. 3 – June 19 \$503

**** Fees are per session regardless of the number of school days in the session or the numbers of days your child/children attends the program.****

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 participation in the above mentioned activities? Yes No
If yes, please explain: _____

Signature: _____ Print Name: _____ Date: _____