

# City of Costa Mesa ♦ R.O.C.K.S After School Program ♦ Registration Form 2016/2017

## General Policies

1. Request for refund must be made during the first week of each session in writing. A service charge of \$20 will apply.
2. A service charge of \$25 will be required on all returned checks.
3. A \$20 fee will be charged for every 15 minutes, or part thereof, for late pick-ups.
4. I have read and understand the rules & disciplinary process of the R.O.C.K.S Program (see parent packet).

### 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: / / M F Grade: \_\_\_\_\_

Child 2 Name (First, Last): \_\_\_\_\_ Date of Birth: / / 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
1-on-1 care is needed for my child	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>ALLERGIES</b>		
Bee Stings	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Latex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Foods	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Drug Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any Other Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

If Yes, please explain: \_\_\_\_\_

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: \_\_\_\_\_

#### 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](mailto:cmrecinfo@costamesaca.gov).

### Payment Options & Fees

SESSIONS	TRI-INSTALLMENT	YEARLY
#1 Sept. 6 – Sept. 30 \$49 (4-weeks)	#1 Sept. 6 – Dec. 23 \$170	Sept. 6 – June 23 \$412
#2 Oct. 3 – Oct. 28 \$49 (4-weeks)	#2 Jan. 9 – March 31 \$126	<b>** 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.**</b>
#3 Oct. 31 – Dec. 2 \$60 (5-weeks)	#3 April 3 – June 23 \$126	
#4 Dec. 5 – Dec. 23 \$38 (3-weeks)		
#5 Jan. 9 – Jan. 27 \$38 (3-weeks)	#9 May 1 – June 2 \$60 (5-weeks)	
	#10 June 5 – June 23 \$38 (3-weeks)	

### Minor Release Waiver

I agree to waive and release the City of Costa Mesa/Recreation Division, its officers, agents, employees and volunteers, from and against any claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participating in CITY'S PROGRAMS or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the CITY from and against any and all claims, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the CITY or its employees.

Participants in programs are subject to being photographed and such photographs may be used to publicize future City programs, and understand I will not receive any compensation for such use.

I hereby consent to treatment and all medical care deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

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

Please note that we cannot know to provide reasonable accommodation unless specified by you.

The City of Costa Mesa Recreation Division "Civility Conduct Policy" provides a safe, friendly and comfortable environment for our participants and staff to recreate together by "treating others as you want to be treated". I understand as a participant and/or my children as a participant who violates the "Civility Conduct Policy" and depending on the severity the following actions will apply: verbal warning; immediate removal from a program/event; denied future participation.

By signing this form, I have read and understood the contents of this form and agree to abide by the policies stated.

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

#### FOR OFFICE USE ONLY |

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Payment Plan:  Month \_\_\_\_\_  Tri-installments \_\_\_\_\_  Year \_\_\_\_\_

