



PLAY REGISTRATION 2016 – 2017

Program choices: Please check programs needed. *only available at certain schools

- *Early Morning (7-8am)
- *AM Kinder (8 – 11:30 am)
- *PM Kinder (11:30 – 3:30pm)
- After School (After School – 6pm)

144 S BROADWAY | TURLOCK, CALIFORNIA 95380 | PHONE 209-668-5594 | FAX 209-668-5619

Participant Information:

Child's Full Name: _____ Birthdate: _____ Sex: **M** **F**

Street Address: _____ City: _____ Zip: _____

Special Conditions/Requests: (Disabilities, Allergies, Medical Emergency Information, Court Orders-Must be attached, etc.)

____ Yes I give my child permission to sign themselves out. Please specify days/dates/time/etc.

School Information: School: _____ Grade: (2016/2017) _____

Parent / Guardian: _____ Birthdate: _____ Sex: **M** **F**

Email Address: _____

Street Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Parent / Guardian: _____ Birthdate: _____ Sex: **M** **F**

Email Address: _____

Street Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Please list siblings (if any) in the same program: (Every child must have a completed registration form)

1. _____ 2. _____ 3. _____

Registration Form Updates: It is my responsibility to contact the Recreation Office to make any changes to my child's registration form. This can only be done by the parent/guardian who originally registered the child or the following people that I authorize to make changes to this Registration Form:

1. _____ 2. _____ 3. _____

Any additions/removals of participant contacts must be made in person at the Recreation Office. In addition, removing a person from the registration form requires a new registration form to be completed. This can only be done by the people authorized above to make the necessary changes and the parent/guardian who registered the child.

READ CAREFULLY AND SIGN

Movie Consent Authorization:

By giving permission, you are approving your child to view PG rated movies in City of Turlock Programs. Only movies that are age appropriate will be shown. Without 100% of parent participation, an alternate activity will be provided.

____ Yes, my child has permission to view PG rated movies ____ No, my child is not allowed to view PG rated movies

Photo Policy:

All participants involved in any City of Turlock program or special event are subject to being photographed. Such photographs may be used by the City of Turlock without an obligation to provide compensation to those photographed.

Discipline Policy:

Discipline is enforced in all of our programs in the form of a Write Up. Write Ups are documented and presented to parent(s) of the student on the day the Write Up is issued. Write Up steps are as follows: Behavior Contract, First Warning Letter, One/Three/Five Day Suspension from the Program, and Dismissal from the Program.

- There is zero tolerance for any type of intentional fighting/harm to another student or Recreational Leader; this will result in expulsion from the program until the next school year.
- Discipline procedures may be skipped or repeated dependent upon behavior and the Recreation Leader/Site Manager ruling.
- At the end of every program Write Ups are discarded.

Snack:

I am aware that no snack is provided in the After School Program. Therefore, it is my responsibility to send my child to the program each day with a snack.

Lost/Broken/Stolen Items:

The City of Turlock is not responsible for any lost/broken/stolen items. Properly mark all of your child's belongings. It is encouraged not to bring any valuable items to the program.

Important Information:

I am aware that information pertaining to the After School Program will be posted at the After School Program site. Important dates, times, location of the After School Program if not in the specified room, field trip information, etc. will be posted for my knowledge on a Parent Board near the Daily Sign In & Out sheet. The City of Turlock After School Program is not responsible for children who have not checked into the program (ex helping teacher in class) or participating in a school activity (ex. Odyssey of the mind, student council, sports, etc)

Kinder Program:

I am aware that if my child is a Kindergartener and that if I need both programs (Kinder & Afternoon), then I will be charged \$37 for each program. When there is a district wide minimum day (ex. Wednesday), punch cards will be punched once. When minimum days are school specific (not Wednesday), punch cards will be punched twice.

Late Fees:

\$5 late fee PER DAY for payments made after 8am on Friday prior to the week attending. (This late fee will accrue per day that payment is not received and your child attends.) I understand that it is my responsibility to keep my account current. If my account is two weeks delinquent, my child will be disenrolled from the program and I will be sent to collections. All necessary fees must be paid prior to re-enrolling my child.

Late Pick Up Procedure:

In the event that a student in the Afterschool Program has not been picked up by 6:01pm, the following will occur: Student is red-lined on the roll, written up with a warning letter and parent/emergency contacts are called until someone has been reached. After the 1st offense and the initial warning letter, a one day suspension will be issued for each additional pick up after 6:01pm for the school year. By 6:30pm, if no contact has been made with parent/emergency contacts, police dispatch will be called and child will be released to Turlock Police Department. It is my responsibility to show identification when I pick up my child from the program. In the case I do not pick up my child, it is my responsibility to inform the listed emergency contacts that identification is required. This is for the safety of your child. I understand it is my child's responsibility to get to the After School Program immediately after school is dismissed.

Punch Card Refund Policy:

Any unused punches are valid up to 1 year from purchase date. Unused punches will be transferred to the following school year once the annual enrollment fee for the new year has been paid. All refund requests for unused punches must be made within 1 year from purchase date. Refunds will be calculated based off the number of used punches. Used punches will be valued at the daily rate of \$12. The refund amount will be the difference from the number of used punches at the \$12 daily rate and the purchase price. All refunds are charged a \$10 cancellation fee.

Payment Options: *Must choose one option below.

Keep my credit card information on file for payment convenience for registering for future PLAY activities. Please note that we only store a reference number to your credit card. We do not store your card number, expiration date, or any other details of the card.

Activity	Auto Payment My credit card will be charged as needed for programs indicated.		Manual Pay I will register by phone before each activity starts.
Morning Care (7am to 8am)	<input type="checkbox"/> Auto Monthly	<input type="checkbox"/> Auto Punch Card	<input type="checkbox"/>
Kinder Care AM (8am to 11:30am)	<input type="checkbox"/> Auto Weekly	<input type="checkbox"/> Auto Punch Card	<input type="checkbox"/>
Kinder Care PM (11:30am to 3:30pm)	<input type="checkbox"/> Auto Weekly	<input type="checkbox"/> Auto Punch Card	<input type="checkbox"/>
After School (afterschool to 6pm)	<input type="checkbox"/> Auto Weekly	<input type="checkbox"/> Auto Punch Card	<input type="checkbox"/>

Do not keep my credit card information on file. I will call/come into the office each time a payment is due. Payment must be made by 8 am Friday prior to the week attending.

PARENT/GUARDIAN CONSENT OF WAIVER FOR PARTICIPATION:

Permission to participate in the above program sponsored by the City of Turlock is given for me and/or my minor child. I understand that the City of Turlock carries no medical insurance for any of its program activities. I hereby agree to indemnify and hold harmless and release the City of Turlock, its agents and employees, from any and all liability for any injury suffered by myself or my child arising from or connected with this program and will assume all risk for any injuries. I understand that a physician's clearance is recommended prior to participation.

Parent / Guardian Signature: _____

Date: _____

Print Name: _____

Child's Full Name: _____

School: _____

Pick Up Contacts and/or Emergency Contacts: (persons other than yourself that your child can be released to, including siblings if they will be signing child out) **Photo ID Required**

1.) **Name:** _____ **Relationship:** _____

Cell Phone: (_____) _____ - _____ **Alternate Phone:** (_____) _____ - _____

2.) **Name:** _____ **Relationship:** _____

Cell Phone: (_____) _____ - _____ **Alternate Phone:** (_____) _____ - _____

3.) **Name:** _____ **Relationship:** _____

Cell Phone: (_____) _____ - _____ **Alternate Phone:** (_____) _____ - _____

4.) **Name:** _____ **Relationship:** _____

Cell Phone: (_____) _____ - _____ **Alternate Phone:** (_____) _____ - _____

5.) **Name:** _____ **Relationship:** _____

Cell Phone: (_____) _____ - _____ **Alternate Phone:** (_____) _____ - _____

6.) **Name:** _____ **Relationship:** _____

Cell Phone: (_____) _____ - _____ **Alternate Phone:** (_____) _____ - _____

7.) **Name:** _____ **Relationship:** _____

Cell Phone: (_____) _____ - _____ **Alternate Phone:** (_____) _____ - _____

8.) **Name:** _____ **Relationship:** _____

Cell Phone: (_____) _____ - _____ **Alternate Phone:** (_____) _____ - _____

9.) **Name:** _____ **Relationship:** _____

Cell Phone: (_____) _____ - _____ **Alternate Phone:** (_____) _____ - _____

10.) **Name:** _____ **Relationship:** _____

Cell Phone: (_____) _____ - _____ **Alternate Phone:** (_____) _____ - _____

Attach additional contacts to this form if necessary

Parent / Guardian Signature: _____

Date: _____

Print Name: _____