

**Hoover Recreation Center**

1010 W.25<sup>th</sup> Street (213) 749-8896 Park Office

**After School/Tutoring Registration Form 2019-2020**

Household # \_\_\_\_\_

*Child's Name* (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ School \_\_\_\_\_

*Parent/Guardian Name:* \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

*Parent/Guardian Name:* \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT & AUTHORIZED PICK UP PERSONS**

Please make sure to list **every** person that might pick up your children (other than listed above).  
Children can't be released to any person not listed above or below.

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

3.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Hoover Recreation Center

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# Health History Form

Please complete this form with the most recent and accurate information possible. This will help our staff with any extra information that may be pertinent to the care of your child. If there are any special needs your child may have due to diagnosed medical conditions (i.e. Autism, ADD, ADHD) we need to be made aware of them in order to assure proper care for your child. Some conditions may require a one-on-one provided by the family or state. Hoover Recreation Center does not provide one-on-one supervision; all activities are group activities. Should anything happen that would alter this health history information; please let us know immediately.

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Does your child have any special needs? Please Explain: \_\_\_\_\_

### PLEASE CHECK IF YOUR CHILD HAS HAD THE FOLLOWING:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Headaches      | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Upset Stomach  |
| <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Appendicitis    | <input type="checkbox"/> Measles        |
| <input type="checkbox"/> Bed wetting   | <input type="checkbox"/> Scarlet Fever  | <input type="checkbox"/> Nose Bleeds     | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Diphtheria    | <input type="checkbox"/> Constipation   | <input type="checkbox"/> German Measles  | <input type="checkbox"/> Fainting       |
| <input type="checkbox"/> Skin Rash     | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Tonsillitis     | <input type="checkbox"/> Asthma         |
| <input type="checkbox"/> Mumps         | <input type="checkbox"/> Heart Trouble  |  |   |

Allergies: \_\_\_\_\_

Allergy Medication(s): \_\_\_\_\_

Asthma (or Hay Fever): \_\_\_\_\_ Medication: \_\_\_\_\_

Serious Injuries or Illness: \_\_\_\_\_

Has you received medical treatment during the past year: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Does child currently take medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the medication? \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**MANDATORY SIGN IN AND OUT OF PROGRAM BY PARENT OR LEGAL GUARDIAN**

Parents please note: that there will be no sign in and out privileges to minor children. All children enrolled in the After School Program must be signed in and out by a parent, legal guardian or individual listed on registration form. Hoover Recreation Center will not release your child to any person whom is not listed on the Registration Form as an authorized pick up person, emergency contact, or parent. We do not accept phone calls from parents who want to add someone onto the authorization list. I understand that I must walk into the office and update the list in person. This is for the safety and protection of your child.

**PARENT OR GUARDIAN INTIALS:** \_\_\_\_\_

**IDENTIFICATION REQUIRED FOR PICK UP**

ALL persons picking up any child from the after school program will be required to show proper identification in order for the child to be released. This applies to any person picking up a child whether it be a parent, grandparent, aunt, uncle, family friend or any other authorized person, regardless of having picked up that child previously. This is due to the fact that there may be several different staff members throughout the year which may be in charge during sign-out periods, and the fact that it is impossible for staff members to be familiar with all persons authorized to pick up every child enrolled in the program. Please understand that this is for the safety of the child and will be enforced strictly by staff members.

**PARENT OR GUARDIAN INTIALS:** \_\_\_\_\_

**CONSENT TO TREATMENT AUTHORIZATION**

I, the undersigned parent of \_\_\_\_\_, a minor, do hereby authorize the staff of Hoover Recreation Center as agents for the undersigned to consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the medical practice at or on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

This authorization shall I remain effective continuously unless sooner revoked in writing and delivered to said agents. I further understand that the Los Angeles City, Department of Recreation and Parks does not carry any insurance for my child.

Note: The signing of the Consent to Treatment Authorization is not mandatory, but is requested for your child's protection.

**PARENT OR GUARDIAN INTIALS:** \_\_\_\_\_

**PARENT CONSENT**

I hereby give permission for my child to participate in the Hoover Recreation Center, After School Programs, including trips chartered by bus or van. I agree to hold harmless the City of Los Angeles, Department of Recreation and Parks and its officials, agents, and employees for any injury to my child as a result of participation in the Hoover Recreation Center, After School Program.

**PARENT OR GUARDIAN INTIALS:** \_\_\_\_\_

## PERMISSION FOR PHOTOGRAPHS

I hereby give permission for my child to have their picture taken for any projects or theme events pertaining to the Hoover Recreation Center, After School Program. As it is difficult to pull individual children out of photographs I understand that there is not an option for my child to be excluded from certain photographs.

PARENT OR GUARDIAN INTIALS: \_\_\_\_\_

## PERMISSION TO WATCH MOVIES

I hereby give permission for my child to watch any movies approved and shown by the Hoover Recreation Center, After School Program. I understand that these movies will only be of the G or PG ratings and that staff will screen all movies before viewing.

PARENT OR GUARDIAN INTIALS: \_\_\_\_\_

## RECEIPTS FOR AFTER SCHOOL PAYMENTS, LATE PICK-UP FEE, LATE PAYMENT FEE

I understand the receipts that I receive for any PROGRAM payments will serve as proof of payment for income tax purposes. All receipts should be retained, as Hoover Recreation Center will not provide additional copies for receipts or payments records. I understand that there is a late payment of \$10.00 each time I make a payment after the due dates. I also understand that there is a late payment fee of \$1.00 per each minute my child is left at after 6:00pm. I understand that all reservation deposits made are non-refundable and non-transferable. Payments are due THE 1<sup>ST</sup> OF THE MONTH, AND no later than the 5<sup>th</sup> day of the month, to AVOID a late fee charge.

PARENT OR GUARDIAN INTIALS: \_\_\_\_\_

## REFUNDS

Full refunds are only issued when the Recreation Center cancels the activity. A 15% cancellation fee is assessed for all other refunds. Changes or transfers per class, sports leagues or day camp registration fee may be assessed additional fees. After the first day of a session, the recreation center issues a partial refund to patrons withdrawing from the activity. Please allow 5-7 weeks for processing all refunds.

PARENT OR GUARDIAN INTIALS: \_\_\_\_\_

## NO ALTERNATIVE ACTIVITIES ON OFF DAYS, PUPIL FREE DAY, HOLIDAYS, etc.

I understand that there are no alternative activities on OFF DAYS, PUPIL FREE DAY, and HOLIDAYS. After School program runs the same as LAUSD academic school year calendar. With the exception of **COLUMBUS DAY, October 14, 2019** and **Cesar Chavez Day, March 30, 2020**. Program will be CLOSED on these days.

PARENT OR GUARDIAN INTIALS: \_\_\_\_\_

## SHADOW / ONE-ON-ONE AIDES

If there are any special needs your child may have due to diagnosed medical condition (i.e. Autism, ADD, ADHD), we need to be aware of them in order to assure proper care for your child. Some conditions may require a one-on-one provided by the family or state. Campers who require a Shadow/One-on-One aide during the academic school year, are required to have a One-on-One at camp. Hoover Recreation Center does not provide one-on-one supervision; all activities are group activities. ALL assistants MUST be fingerprinted and cleared by the City of Los Angeles Department of Recreation and Parks prior to working. Clearance can take between 4-8wks, so please plan accordingly. Please see the office for supplemental paperwork if your child will require an aide. I have read and understood the above policy if my child requires a One-on-One aide.

PARENT OR GUARDIAN INTIALS: \_\_\_\_\_

## DISCIPLINE (SAD GRAMS)

Appropriate behavior from children is expected at all times. The staff will use the following discipline procedure: 1) Oral Warning, 2) Cool Down Period, 3) "Sad Gram" notice is sent home. If your child receives three (3) "Sad Gram" notices, he or she may be expelled from program without refund. Any serious misconduct will result in immediate dismissal.

PARENT OR GUARDIAN INTIALS: \_\_\_\_\_

## AFTER SCHOOL PROGRAM GUIDELINES

I have read, with my child, After School Program Guidelines and we understand all the rules and guidelines that have been set forth in it. We understand that violations of these rules may result in disciplinary action for my child, depending on the violation and the circumstances of each situation. We understand that there may be situations that come up which are not the parent handbook and will be dealt with appropriately by the Recreation Director, or other appropriate authority. We understand that Hoover Recreation Center reserves the right to suspend/expel any child/parent who physically, verbally or mentally abuses another child or staff member at any time and/or is involved with damaging of property, stealing, harming others, or leaving their group and/or counselor without permission.

PARENT OR GUARDIAN INTIALS: \_\_\_\_\_

I understand that it is my sole responsibility to notify Hoover Recreation Center if there is a change to any information that I have provided in these forms. I understand that Hoover is not responsible for any lost and/or stolen items.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_