City of Carson

Recreation Division

Parks Make Life Better!®

Kids Club Program

Application Packet

Updated 7-20-2023

KIDS CLUB PROGRAM - REGISTRATION CONTRACT

Participant Information (Please Print)

Child's Name:_____ Age: _____
First Last

Address: _____
Number Street City Zip Code

Phone Number:_____ Birth Date:_____ Gender: ☐M ☐F

Name of School:_____ Grade: _____

Hours your child will be attending from_____ to _____

Days your child will be attending the program: ☐M ☐T ☐W ☐Th ☐F

Parent or Legal Guardian Information (Please Print)

Parent/Legal Guardian Name: _____
First Last

Cell Phone Number:_____ Work Phone Number:_____

Email Address:_____

Parent/Legal Guardian Name: _____
First Last

Cell Phone Number:_____ Work Phone Number:_____

Email Address:_____

ADDITIONAL EMERGENCY CONTACT AND AUTHORIZED PICK-UP PERSONS

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

EMERGENCY MEDICAL INFORMATION

Medical History (Allergies, epilepsy, diabetes, etc.)_____

_____

Please inform us of any behavioral issues or modifications:_____

_____

_____

Please list any food allergies:_____

_____

CONTRACT AGREEMENTS

PARENT RESPONSIBILITIES/AGREEMENTS: Please initial each of the following to indicate that you have read, understand, and agree with each item.
Your Initials:

1. ____ My child is not allowed to come and go freely from Kids Club program.
2. ____ I (or an authorized person) must sign my child "in" and "out" each day.
3. ____ I will maintain open communication with the Program Site Director about my child and keep him/her informed of any pertinent changes.
4. ____ I must notify the Program Site Director in writing of any daily departure changes.
5. ____ I must contact Program Site Director when my child will be absent or will be picked up early from the Kids Club. I realize this is for my child's protection.
6. ____ Kids Club program will operate Monday through Friday. The program will not operate on legal holidays.
7. ____ It is my responsibility to see that my child is picked up by the designated pick-up time.
8. ____ If a medical emergency arises, the Kids Club staff will first attempt to contact me. If I cannot be reached, the people on the emergency list will be notified. If the emergency is such that immediate hospital attention is necessary, the Kids Club staff will immediately contact the paramedics, and if they determine that it is necessary, they will arrange for my child to be transported to the nearest available medical facility. I will be responsible for all costs incurred.
9. ____ I understand that staff will not assume any responsibility for storing any medical equipment without the prior written approval of the City of Carson. My child must keep any medical equipment with him/her at all times.

10.____ I understand that the City of Carson and staff are not responsible for any lost or damaged personal items and property brought to the Kids Club program including electronic devices such as cell phones, tablets, and laptops.

11.____ I verify that I have given permission for the City of Carson to use my child's photograph for publicity purposes in any forthcoming brochures. I further state that I release all rights and am fully cognizant of this agreement.

12.____ The Kids Club Program provides childcare services in a safe and fun environment. My child will participate in recreational activities and will be allowed time to do school work. As a parent, it is my responsibility to verify my child has completed their school work. I understand that the Kids Club staff are not teachers and/or tutors.

BILLING PROCEDURES:

1.____ I agree to pay the City of Carson Kids Club Program fee on or before the Friday prior to the week in which my child will attend.

2.____ I will pay for contracted hours of service and am responsible for payment whether my child attends Kids Club or is absent.

3.____ I understand that credits or refunds in the case of prolonged illness (five or more consecutive days) may only be approved by the Recreation Superintendent.

4.*____ I will be notified in advance of any rate increases.

5.____ I am aware that the Kids Club closing time is 6 p.m., and to avoid any late pick-up fee, I am informing staff that I will be picking up my child at _____ p.m. I will be charged a late pick-up fee of $8 at 15 to 30 minutes past my child's pick-up time. This fee is due and payable when my child is picked-up. Chronic lateness or failure to pay late fees may result in the dismissal of my child from the program.

6.____ I will notify the instructor of any changes of information as entered on thisrecord.

Fees are subject to change per the Council Comprehensive Fee Schedule.

Times	*Resident*
2 p.m. – 6 p.m.	*$50*

NOTE: All payments must be paid through ActiveNet.

I agree to pay the weekly fee until a new contract is executed or canceled. I also agree to pay the weekly fee in advance, due on the Friday prior to the upcoming week in which my child will attend. I agree to pay the contracted fees whether my child attends or not. No refunds will be made for illness or absence.

_____ _____ _____

Parent/Legal Guardian Signature Date Print Name

Enrollment in Kids Club shall be granted to children without regard to race, color, or national origin.

NOTE: Help the City of Carson respond to the Americans with Disabilities Act (ADA), by making parks, recreation programs, and facilities more accessible. If you experience any problems or difficulties in using facilities or programs, please submit (in writing) your concerns or suggestions for improvements to the Recreation Division, Attention: Tim Grierson, Recreation Superintendent, 18601 S. Main St., Carson, CA 90248, or call (310) 847-3570.

To be filled out by staff only.

Hours:_____ Start Date: _____ $_____weekly rate

CITY OF CARSON - COMMUNITY SERVICES DEPARTMENT
WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS FORM (MINOR PARTICIPANT)

(This form is intended for Participants under 18 years of age. If Participant is 18 or over, please use the form entitled, "WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS FORM (ADULT PARTICIPANT)")

Name of Program or Event: _____

Date and Time of Program or Event: _____

Location of Program or Event: _____

(Information Above this Line to be Completed by City Staff)

Name of Participant: _____ _____ ____
(First) (Last) (M.I.)

Birthdate of Participant: _____ Age of Participant: _____

Name of Parent or Legal Guardian:

_____ _____ _____ ____
(First) (Last) (M.I.)

Address: _____
(Street) (City) (Zip)

Phone Number: (_____)_____-_____ Email: _____

I, the undersigned, certify that I am 18 years of age or over and that I am the parent or legal guardian of the above-referenced Participant, legally authorized to sign this instrument on behalf of Participant. I request, permit, and consent to Participant's participation in the above-referenced program or event ("Program"). I certify and represent that I am aware of no medical condition or physical or mental impediment of Participant that would endanger Participant when participating in the Program. I understand that the Program involves the risk of accident and bodily injury, death, or property damage to Participant, and I agree to assume such risks.

I also understand that an inherent risk of exposure to COVID-19 exists in any public space where people are present, including with respect to participation in the Program. I acknowledge that COVID-19 is an extremely contagious disease that can lead to severe illness and death. I voluntarily assume all risks of exposure to COVID-19 related to Participant's participation in the Program, and I assume sole responsibility therefor and agree to hold harmless the City of Carson, its officers (elected and appointed), agents and employees (collectively, "City" and individually, "City Party") in connection therewith. Participant is voluntarily seeking to participate in the Program notwithstanding these risks, and I acknowledge, on behalf of Participant, that Participant must comply with all applicable federal, state and local laws and guidelines, including practicing social distancing and wearing face masks when possible, related to preventing the spread of COVID-19 in connection with Participant's participation in the Program, and further acknowledge that even where Participant is in full compliance with such laws and guidelines, there is no guarantee that Participant will not become infected with COVID-19. In furtherance of City's efforts to protect Program participants from being infected with COVID-19, I represent, warrant and attest that, to the best of my knowledge:

Participant is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell;
Participant has not traveled internationally or to a highly impacted area within the last 14 days;
Participant has not been exposed to someone with a suspected or confirmed case of COVID-19 within the last 14 days;
Participant has not been previously diagnosed with COVID-19 and not yet cleared as non-contagious by applicable state or local public health authorities; and
Participant has been adhering to all applicable federal (including CDC), state and local laws and guidelines related to limiting exposure to COVID-19 for the last 14 days.
In consideration for Participant's participation in the Program, I hereby waive, release and discharge the City and each City Party from and against any and all claims or liabilities to Participant or any other person, including but not limited to claims or liabilities for bodily injury, illness, death, or property damage, arising from or related in any way to Participant's participation in the Program, including the negligence of the City or any other participants in the Program, and I agree to waive my rights to make any such claims through any action or proceeding against the City. However, I understand that this paragraph is not intended to release any party from any act or omission of "gross negligence."

In giving the foregoing release and waiver, I expressly waive any and all rights conferred upon me by the provisions of California Civil Code Section 1542, which I understand reads as follows:

"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

This waiver shall be effective as a bar to any and all actions, fees, damages, losses, claims, liabilities and demands of whatsoever character, nature and kind, that are known or unknown, or suspected or unsuspected, that may arise from or relate in any way to Participant's participation in the Program.

To the full extent permitted by law, I agree to hold and save the City and each City Party harmless from any and all actions, claims, proceedings, damages to persons or property, losses, costs, fees, expenses, forfeitures, penalties, obligations, errors, omissions or liabilities, whether actual or threatened, that may be asserted or claimed by any person, firm or entity ("Claims") arising out of or in connection with Participant's participation in the Program, and to defend and indemnify the City and each City Party from and against all Claims arising from the negligence or intentional misconduct of Participant or me in connection with Participant's participation in the Program. This obligation shall be binding on my heirs, successors and assigns and shall not expire.

I acknowledge and agree that City is not responsible for providing medical treatment or medication of any kind to Participant, or for supervising Participant, during or in connection with Participant's participation in the Program or otherwise. However, I authorize, consent, and waive any claim related to City seeking or providing for emergency medical care for Participant in the event City determines the need has arisen during or in connection with Participant's participation in the Program, provided that City shall first make an effort to contact me by calling me at the phone number above, and shall only proceed with seeking or providing for such treatment absent my directive in the event I do not answer or respond immediately.

I hereby grant City the right to photograph or video-record Participant during or in connection with the Program, and to use Participant's photographed or video-recorded likeness, and any image, silhouette, or reproduction of the voice or appearance of Participant taken during or in connection with the Program ("Likeness"), for any purpose, including publicity and promotion of City and its events, and creation or production of materials in any form for such purpose, with no claim of entitlement to any license fee or royalty of any kind from City. I hereby waive any right to the intellectual property of Participant's Likeness. The rights granted by me hereunder shall not expire.

No oral representations, statements or inducements, apart from this written form, have been made with regard to the subject matter of this form. If any portion of this form is declared invalid by a court of competent jurisdiction, the remainder shall continue in full force and effect.

By signing below, I acknowledge and represent that I have read and understand the above, and that I voluntarily agree to its terms.

Signature of Parent/Legal Guardian:_____ Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____ . THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE	WORK PHONE
( )	( )

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST		MIDDLE	FIRST		SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY		STATE	ZIP	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST		MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY		STATE	ZIP	HOME TELEPHONE ( )
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST		MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY		STATE	ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE		FIRST	HOME TELEPHONE ( )		BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: _____

   Licensing Office Address: _____

   Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

_____
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
_____ MONTHS	_____ MONTHS	_____ MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping Cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐YES ☐NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES *(*For infants and preschool-age children only)*

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	
	LUNCH	
	DINNER	
WHAT ARE USUAL EATING HOURS?	BREAKFAST	
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?* ☐YES ☐NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐YES ☐NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐YES ☐NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐YES ☐NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐YES ☐ NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE