



261 West Dana Street  
 PO Box 346  
 Nipomo CA 93444

# Kids' Club Registration Form 2023-2024

Send to:  
 Geneva.NipomoRecreation@gmail.com  
 Office 805.929.5437

www.NipomoRecreation.com

CHILDS LEGAL NAME (One Form Per Child)	DOB	AGE	GRADE	SCHOOL

**Insurance Co.** \_\_\_\_\_ **Policy #** \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Person Responsible for Payment:  Father  Mother  CAPSLO  CRR  Other (please list): \_\_\_\_\_

**EMERGENCY CONTACTS** (People who are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____

Any specific activities to avoid?  Yes  No If YES, what and why \_\_\_\_\_

Are there any behaviors/concerns/Special Needs the staff should be aware of? \_\_\_\_\_

Does your child have any allergies which the staff should be aware of?  Yes  No

If YES, please describe \_\_\_\_\_

Other significant information about your child that would be helpful to know? \_\_\_\_\_

**Parent's Authorization**

In the event that my child needs immediate medical attention for injuries received while participating in a Nipomo Area Recreation Association program, I give my permission for the NARA staff members to administer necessary medical treatment. NARA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred: \_\_\_\_\_ City \_\_\_\_\_

I hereby give consent to the Nipomo Area Recreation Association (NARA) and it's designated leaders to transport my child (named above) by means of walking, public transportation or private bus companies on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of NARA and that all possible precautions are taken to insure the health and safety of my child. I give permission for NARA staff to apply  sunscreen, as needed for my child.

**MEDICAL AND LIABILITY RELEASE** *Please read carefully before signing:*  
 The undersigned agrees to hold Nipomo Recreation Association and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as medical release. If the participant is under 18, parent or guardian must sign release.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Official Nondiscrimination Statement**

(USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means of communication of program information (Braille, large print, audiotape, etc.) should contact SDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**Please Check the Program Your Child Will Attend:  
After School Programs:**

Transitional Kinder	_____	Pick-Up By 3:30pm
	_____	Pick-Up By 6:00pm
Kinder Care	_____	Pick-Up By 3:30pm
	_____	Pick-Up By 6:00pm
1 <sup>st</sup> -6 <sup>th</sup> Grade	_____	Pick-Up By 6:00pm

**Nipomo Recreation's Kids' Club  
2023-2024 Parent Admission Agreement**

The following information is important for the safety and protection of your child. Please read the information and sign this form. Your signature below indicates that you have read and understand the following:

- I understand that either I, another Authorized Adult, or staff member must sign my child(ren) in/out of the program
- I understand that I am not to leave my child at the Nipomo Recreation program site unless a staff member is there to receive and supervise my child
- I understand that I am responsible for submitting and paying in full and on time the monthly program fee.
- All families are required to be on Autopay, with a credit card at the office. With the exception of August and January, fees are processed on the 6<sup>th</sup> of every month. A \$15 late fee will be charged if payment is not processed at that time. Non payment will result in removal from the program.
- I understand that Nipomo Recreation Staff are mandated by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that there may not be after school care on minimum days.
- If my child is on CAPSLO, I understand that I must sign my child in/out each day on CAPSLO's Attendance Record. I understand that if I do not sign in/out my child each day, my child may be removed from the program.
- I understand that I am **REQUIRED** to pay fees for absences, including illness or doctor's appointments.

I, \_\_\_\_\_ have read and understand the parent statement of understanding and all the policies of the Nipomo Recreation.

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_