



261 West Dana Street
 PO Box 346
 Nipomo CA 93444

Kids' Club

Registration Form

Dana After School

2024-2025

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, 14th 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 st -6 th Grade	_____	Pick-Up By 6:00pm

**Nipomo Recreation's Kids' Club
2024-2025 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 6th 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 _____

CREDIT CARD HOLDER INFORMATION-AUTHORIZATION OF USE

I authorize collection of fees due and certify that I am the authorized holder and signer of the credit card referenced above. I certify that all the information above is complete and accurate.

Name as it appears on card:

Type of Credit Card: VISA MC OTHER

Credit Card Number:

Expiration Date:

Email:

Phone #:

Card Holder Name:

Signature:

Date: