



# Nipomo Recreation Association

261 West Dana Street  
 Nipomo CA 93444  
 (805) 929-KIDS (5437)  
 Geneva.NipomoRecreation@gmail.com

## 2021-2022 Kids Club Registration Form

*Please check the school & program your child will attend* **Drop-Off Time**

- Dana (BS)  \_\_\_\_\_
- Dana (TK/K)  \_\_\_\_\_
- Dana (AS)  \_\_\_\_\_
- Lange (BS)  \_\_\_\_\_
- Lange (TK/K)  \_\_\_\_\_
- Lange (as)  \_\_\_\_\_
- Nipomo (BS)  \_\_\_\_\_
- Nipomo (TK/K)  \_\_\_\_\_
- Nipomo (AS)  \_\_\_\_\_

CHILDS NAME	GRADE	Before School Care	Program	GRADE

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

**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 NARA staff should be aware of? \_\_\_\_\_

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

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

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

**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 recreation 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 of ADMISSION \_\_\_\_\_

## 2021-22 Nipomo Recreation's Kid's Club

### 2021-2022 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 agree to the following:

- I understand that either I, another Authorized Adult, or staff member must sign my child(ren) into/out the program.
- I understand if my child leaves the program early, I must sign an authorization permitting him/her to do so.
- 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.
- Payment is due on the 1<sup>st</sup> of each month. A \$15 late fee will be issued if payment is not received by the 5<sup>th</sup> school day of each month.
- I understand that I am required to notify Nipomo Recreation if my child will no longer be attending 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.
- If my child is on CAP / SLO, I understand that I must sign the Cap / SLO Attendance Records each day my child attends the program. I understand that if I do not sign my child's attendance record each day my child may be removed from the program.

Parents are **REQUIRED** to pay tuitions for absences including illness or doctors appointments, as per contracted.

See monthly FEE Sheets for program rates.

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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

NIPOMO RECREATION  
ASSOCIATION  
261 West Dana Street  
Nipomo CA 93444  
(805) 929-KIDS (5437)

# KIDS CLUB Emergency Information Form

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

Physician Name & #: \_\_\_\_\_ Dentist Name & #: \_\_\_\_\_

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

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

EMAIL: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_

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

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

EMAIL: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_

Person Responsible for Payment:  Father  Mother  EOC  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/fears the staff should be aware \_\_\_\_\_

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

No If YES, please describe \_\_\_\_\_

Other significant information about your child such as past injuries or illnesses? \_\_\_\_\_

**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.