

City of Los Angeles Department of Recreation and Parks

Northridge Recreation Center

18300 Lemarsh Street · Northridge, CA 91325 · Phone: (818) 349-0535 or (818) 349-7341

Early Learning Program



Enrollment Packet

Revised 7/2023

City of Los Angeles Department of Recreation and Parks

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CHILD'S FILE CHECK LIST

Child's Name: _____

Program Start Date: _____

Program Exit Date: _____

Please Note: Every Child's file MUST contain the following completed forms before they can begin the program.

1. _____ Photo of the Child (placed in the child's file for emergency identification purposes)
2. _____ Financial Agreement
3. _____ Identification and Emergency Information
4. _____ Medical Awareness & Treatment Consent
5. _____ Waiver/ Release of Liability
6. _____ Media / Publication Consent
7. _____ Parent Handbook Agreement
8. _____ Copy of Birth Certificate
9. _____ Copy of Immunization Records

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FINANCIAL AGREEMENT

REQUIRED: Photo of Child, Birth Certificate, Immunization Records, and Completed Application.

Child's Name: _____ **Age:** _____ **Date of Birth:** ____/____/____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

SECTION A: FAMILY INFORMATION NAME

OF PARENT(S)/ GUARDIAN(S):

Parent/ Guardian 1: _____ Email: _____ Phone: () _____ - _____
Parent/ Guardian 2: _____ Email: _____ Phone: () _____ - _____

SECTION B: FEES AND CHARGES

Program Days: Monday – Thursday

\$25.00 - Annual Registration Fee (Non-Refundable)

\$80.00 - Weekly - 4 Days, Monday - Thursday

\$1.00 - Late Pick-Up Fee for every minute late after 12:00pm

***Fees and Services will be due, and payable by card on a Monthly Basis.

Please

make all payments payable to: City Of L.A., Dept. of Rec. & Parks

PAYMENT IS DUE ON A MONTHLY BASIS. PAYMENT WILL BE DUE BY THE 30TH OF EACH MONTH PRIOR TO YOUR CHILD ATTENDING THE PROGRAM. ALL FEES ARE DUE PRIOR TO SERVICES RENDERED. THERE IS A \$10.00 LATE FEE PER PAYMENT PERIOD. REPEATED VIOLATIONS MAY RESULT IN DISMISSAL FROM THE PROGRAM.

I CERTIFY THAT THE ABOVE IS CORRECT AND THE TERMS ARE AGREED UPON,

Parent/ Guardian Name (print)

Signature of Parent/Guardian

Date

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IDENTIFICATION AND EMERGENCY INFORMATION

To Be Completed by Parent or Authorized Representative

CHILD'S INFORMATION

Name:	LAST	MIDDLE	FIRST	SEX	BIRTHDATE
Address:	NUMBER	STREET	CITY	STATE	ZIP
					TELEPHONE

PARENT/GUARDIAN 1 INFORMATION

Name:	LAST	MIDDLE	FIRST	SEX	CELL PHONE
Address:	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
E-mail Address:	E-MAIL ADDRESS #1	ALTERNATIVE E-MAIL ADDRESS #2			BUSINESS TELEPHONE

PARENT/GUARDIAN 2 INFORMATION

Name:	LAST	MIDDLE	FIRST	SEX	CELL PHONE
Address:	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
E-mail Address:	E-MAIL ADDRESS #1	ALTERNATIVE E-MAIL ADDRESS #2			BUSINESS TELEPHONE

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY AND PICK-UP AUTHORIZATION

I authorize **ONLY** these additional persons to pick up my child (include carpools) and to be contacted in case of an emergency.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP TO CHILD

PERSONS LISTED BELOW ARE NOT AUTHORIZED TO PICK UP MY CHILD AT ANY TIME.

PLEASE NOTE: If name listed is the biological parent, written documentation by the court is required.

NAME	RELATIONSHIP TO CHILD

Parent/ Guardian Name (print)

Signature of Parent/Guardian

Date

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MEDICAL AWARENESS & TREATMENT CONSENT

I, the undersigned as parent/guardian of _____, do hereby give my consent to the
Child's Name (please print)
City of Los Angeles to act as an agent for the undersigned: to consent for an x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the special supervision of any physician and/or surgeon licensed under the Medicine Practice Act on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital. This authorization is given in advice of any specific diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to specific consent. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

CHILD'S EMERGENCY INFORMATION:

Address: _____ City: _____ State: _____ Zip Code: _____
Emergency Contact Person: _____ Relation to Child: _____
Cell: () _____ - _____ Home: () _____ - _____ Work: () _____ - _____

EMERGENCY MEDICAL CONTACT INFORMATION:

Insurance Provider: _____ Policy Number: _____
Physician: _____ Phone: () _____ - _____

EMERGENCY DENTAL CONTACT INFORMATION:

Insurance Provider: _____ Policy Number: _____
Dentist: _____ Phone: () _____ - _____

PLEASE NOTE:

We do not administer, or store any type of medication at the facility at any time.

Is the child on medication? Yes _____ No _____ If so, what kind:

1. Name: _____ Amount: _____
Frequency: _____ 2. Name: _____ Amount: _____
Frequency: _____ 3. Name: _____ Amount: _____
Frequency: _____

List any reasons for limitations of physical activities, if any: _____

List any major illnesses, allergies, medical conditions, or behaviors we should be aware of: _____

Parent/ Guardian Name (print) Signature of Parent/Guardian Date

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WAIVER / RELEASE OF LIABILITY

I, _____, the parent / guardian of _____, hereby release
Parent/Guardian's Name (please print) Child's Name (please print)
the City of Los Angeles, its officers, agents, and employees from any and all claims and causes of action which I may have or claim to have relating to my child's participation in any and all Northridge Recreation Center activities which include but are not limited to: sports, games, fitness, cooking, swimming, use of play equipment, and field trips.

I acknowledge that there is risk of bodily injury in all such activities. I also hereby give my consent to such participation. I understand that the City of Los Angeles, the Department of Recreation and Parks, their officers, agents and employees are not liable for any participation in the above described activities.

I acknowledge that I have carefully read the contents of this document and that I understand it.

Executed on the date of ____/____/____ at Northridge, California.

Signature of Parent/ Guardian

For Staff Use Only:

Name of Witness (print)

Signature of Witness

Title

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MEDIA / PUBLICATION CONSENT

Child's Name: _____

DEPARTMENT PHOTO/VIDEO RELEASE

I hereby give permission to the City of Los Angeles Department of Recreation and Parks to interview, photograph and/or videotape my above named child. The sole purpose of these interviews, photographs and/or videos is for publication, advertisement, and exhibition of services offered by the City of Los Angeles Department of Recreation and Parks.

Parent/ Guardian Name (print)

Signature of Parent/Guardian

Date

MEDIA CONSENT

With my signature I, hereby give my above named child full permission to participate in any News Media or Newspaper interviews, photos, or videos which may take place at Northridge Recreation Center, Northridge Aquatics Center, and/or at any field trip my child attends with Northridge Recreation Center Programs.

Parent/ Guardian Name (print)

Signature of Parent/Guardian

Date

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COVID-19 Acceptance of Risk and Waiver of Liability

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period. Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death. On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

Signature of Parent/Guardian

Date

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PARENT HANDBOOK AGREEMENT

With my signature I, _____ hereby acknowledge that I have received,
read,

Parent's Name (please print)

and understand all of the rules, policies, and procedures in the PRE-SCHOOL PARENT HANDBOOK. I understand
and agree to review this information with my child and any other persons associated with my child during the period of
enrollment with Northridge Recreation Center's Pre-School Program. I further understand that failure to comply
with any part of the Pre-School rules, policies, and procedures with result in my child's dismissal from the program.

Signature of Parent/Guardian

Date