



# EVERGREEN AFTER SCHOOL CLUB

## Application Form



Child's Information (please print)

CHILD'S Name (Last Name, First Name) \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Legal Custody:  YES  NO

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Legal Custody: yes no

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Authorized Pick-Up and Emergency Contact List

Only people listed on the authorized pick-up list will be allowed to sign you child out of ASC. Any changes must be made IN PERSON.

In case of emergency Parents/Guardians will be contacted first. If Parents/Guardians cannot be reached, we will then call the people listed below in the order listed.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I give permission for my child to sign himself/herself in or out on the attendance sheet for the program. Initials \_\_\_\_\_

PLEASE CHECK IF THE CHILD HAS HAD ANY OF THE FOLLOWING:

YEAR OF LAST IMMUNIZATION OR BOOSTER

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Mumps         | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nose Bleeds   |
| <input type="checkbox"/> Appendicitis    | <input type="checkbox"/> Measles       | <input type="checkbox"/> Sinus Trouble  | <input type="checkbox"/> Headaches     |
| <input type="checkbox"/> Skin Rash       | <input type="checkbox"/> Constipation  | <input type="checkbox"/> German Measles | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Hay Fever     | <input type="checkbox"/> Diphtheria     | <input type="checkbox"/> Tonsillitis   |
| <input type="checkbox"/> Fainting        | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Heart Trouble  | <input type="checkbox"/> Asthma        |

- |                     |   |
|---------------------|---|
| ____ Tetanus        | ____ Mumps  |
| ____ Diphtheria     | ____ German Measles   |
| ____ Whooping Cough | ____ Hepatitis  |
| ____ Polio          | ____ Polio  |
| ____ TB TEST        | <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE |

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_ Reason: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

## WAIVER RELEASE

### AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the below named minor child ("Minor") the opportunity to participate in Evergreen Recreation Center's, After School ("Program"), I, (print name) \_\_\_\_\_, the undersigned, as parent or legal guardian of the Minor, do hereby agree as follows:

I am aware that there are certain risks of injury and/or damage inherent in the Program activities.

I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick her/him up at the time requested by ASC staff.

I agree to complete the ASC health history form providing Minor's current, complete and truthful health history, including immunization history and overall physical, mental and emotional health status. Under certain medical conditions, I understand that Evergreen Recreation Center may require a written authorization based on a physical examination by a licensed medical person as a requirement for the Minor to participate in the Program. To the best of my knowledge and belief, Minor is not subject to a physical or mental infirmity nor under the influence of any medication or other substance which might hinder his/her safe participation in the program.

I will instruct Minor to abide by all safety regulations and to take reasonable precautions to minimize the risks of injury or damage arising from participation in the Program.

I give my consent to have Minor participate in all aspects of the Program and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which Minor may sustain as a result.

I give my consent to have the Minor transported by chartered bus, City vehicle, or by walking, as part of the Program.

I understand that the City has no obligation to obtain medical treatment for Minor. Should it be necessary for Minor to have emergency medical care while participating in the Program, I hereby give the City personnel my permission to use their judgment in obtaining him/her medical care and I give permission to the medical care provider selected by the City personnel to render medical care deemed necessary and appropriate.

I understand that the City at its sole option but without obligation may procure insurance to cover all or part of such medical expense incurred by Minor. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility.

I also authorize the City to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.

Except for the gross negligence or willful misconduct of the City, I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in the Program or any related activities.

I have carefully read this agreement. I understand what it means and my signature below is my own free act. I intend it to be legally binding on Minor and myself. I also acknowledge that I have received the Parent Manual and agree to the terms and policies described therein.

Important: Parent or Guardian's signature required:

Parent/Guardian Signature

X \_\_\_\_\_

Tel: (    ) \_\_\_\_\_

Parent/Guardian Name

(please print) \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name

\_\_\_\_\_

# EVERGREEN AFTER SCHOOL CLUB POLICIES & PROCEDURES

DEAR AFTER SCHOOL PARENTS:

WELCOME TO OUR AFTER SCHOOL CLUB! IN ORDER FOR US TO PROVIDE A SAFE AND HAPPY AFTER SCHOOL PROGRAM FOR THE CHILDREN THE FOLLOWING POLICIES WILL BE OBSERVED:

## FEES:

1. \$15 REGISTRATION FEE
2. \$35 PER MONTH FOR ALL MONTHS FROM **AUGUST 2025 TO JUNE 2026**, WITH A \$5 SIBLING DISCOUNT.
3. SNACK IS PROVIDED DAILY.
4. ON FRIDAY, WE TAKE THE CHILDREN TO THE "STORE"- YOU MAY SEND YOUR CHILD WITH MONEY.

## PAYMENT POLICY:

PROMPT PAYMENTS AND **EXACT FUNDS** ARE GREATLY APPRECIATED. PAYMENTS ARE DUE ON THE 1<sup>ST</sup> OF EACH MONTH. LATE FEE OF \$5 WILL APPLY IF PAYMENT IS LATE. **WE ACCEPT CASH, CHECK AND VISA/MASTERCARD.**

## HOURS OF OPERATION:

AFTER SCHOOL HOURS ARE FROM 2:30 PM TO 6:00 PM. WE DO NOT DO EARLY PICK-UPS ON SHORTENED DAYS.

## CREDIT AND REFUNDS:

THE FACILITY WILL **NOT** CREDIT OR REFUND MISSED DAYS FROM YOUR FEE.

## MEDICAL RELEASES:

EACH CHILD MUST FILE A MEDICAL TREATMENT AUTHORIZATION FORM. PARENTS WILL BE CONTACTED IN THE EVENT OF AN EMERGENCY:

**NO CHILD MAY ATTEND THE PROGRAM WITHOUT A COMPLETED AUTHORIZATION FORM.**

## LOST AND FOUND:

MARK ALL YOUR CHILD'S BELONGINGS WITH THEIR NAME. WE KEEP THE LOST ARTICLES FOR A 5-DAY TIME PERIOD - PLEASE CHECK REGULARLY.

## PERSONAL BELONGINGS:

ALL PERSONAL POSSESSIONS, TOYS AND LARGE SUMS OF MONEY NEED TO BE LEFT AT HOME. THE PARK FACILITY CANNOT BE RESPONSIBLE FOR LOST OR MISPLACED CLOTHING, POSSESSIONS OR MONEY.

## SIGN-IN AND SIGN-OUT:

EACH DAY YOU MUST SIGN YOUR CHILD OUT WITH FULL SIGNATURE AND TIME.

## DISCIPLINE:

THE AFTER SCHOOL PROGRAM IS DESIGNED TO PROVIDE A HEALTHY ENVIRONMENT IN WHICH CHILDREN CAN GROW AND ENJOY. THE CHILDREN AND PARENTS ARE EXPECTED TO ACT ACCORDINGLY. EVERY CHILD AND HIS/HER PARENT/GUARDIAN ARE EXPECTED TO READ AND SIGN THE "CHILD'S CODE OF CONDUCT."

## HOLIDAYS

WE WILL NOT HAVE THE AFTER SCHOOL PROGRAM DURING LAUSD, NATIONAL AND CITY HOLIDAYS. THANK YOU!

QUESTIONS: IF YOU HAVE QUESTIONS REGARDING THE AFTER SCHOOL PROGRAM AND/OR SPECIAL CONCERNS ABOUT YOUR CHILD PLEASE CALL THE OFFICE AT (323) 265-4755.

# EVERGREEN AFTER SCHOOL CLUB CHILD'S CODE OF CONDUCT

AT EVERGREEN RECREATION CENTER, IT IS OUR GOAL TO OFFER A SAFE AND HAPPY ENVIRONMENT FOR THE CHILDREN WHILE UNDER OUR CARE. IN ORDER TO DO THIS, THE BASIC SAFETY RULES THAT ARE LISTED BELOW MUST BE FOLLOWED:

- ◆ KEEP YOUR HAND AND OTHER BODY PARTS TO YOURSELF
- ◆ THROWING ANYTHING AT ANOTHER PERSON IS NOT ALLOWED
- ◆ RESPECT OTHERS AND EXPECT TO BE RESPECTED
- ◆ SWEARING, PROFANITY AND NAME CALLING ARE NOT ALLOWED
- ◆ NO NEGATIVE HAND SIGNS OR GESTURES ARE ALLOWED
- ◆ USE PLEASE, EXCUSE ME, I AM SORRY AND THANK YOU
- ◆ CHILDREN ARE EXPECTED TO LEAVE THE AREAS THAT THEY USE CLEAN WITH NO TRASH
- ◆ CHILDREN ARE NOT ALLOWED TO LEAVE THE GROUP WITHOUT INFORMING THE STAFF
- ◆ CHILDREN ARE NOT ALLOWED TO GO TO THE RESTROOM BY THEMSELVES
- ◆ CHILDREN NEED TO STAY WITH THEIR GROUP AT ALL TIMES
- ◆ CHILDREN ARE NOT ALLOWED TO TAKE OR USE ANYTHING WITHOUT ASKING
- ◆ FIGHTING IS AN INSTANT SUSPENSION FOR ONE DAY FOR THE 1ST OCCURRENCE, ALONG WITH A SAD GRAM
- ◆ SECOND OCCURRENCE IS INSTANT DISMISSAL FROM THE PROGRAM

IN THE EVENT THAT A CHILD JEOPARDIZE THE SAFETY OF NOT ONLY THEMSELVES BUT OF THE OTHER CHILDREN BY NOT FOLLOWING ONE OR MORE OF THE ABOVE STATED RULES, THE FOLLOWING CONSEQUENCES WILL RESULT: DETERMINED BY THE RECREATION FACILITY DIRECTOR, RECREATION COORDINATOR OR RECREATION ASSISTANT.

## SAD GRAM

1. FIRST SAD GRAM - IS A WARNING
2. SECOND SAD GRAM - PARENT CONFERENCE AND SUSPENSION FROM AFTER SCHOOL CLUB FOR ONE DAY
3. THIRD SAD GRAM - SUSPENDED FROM AFTER SCHOOL CLUB FOR THE REMAINDER OF THE SCHOOL YEAR

YOUR SIGNATURE BELOW INDICATES THAT YOU AND YOUR CHILD HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE CODE OF CONDUCT.  
THANK YOU FOR YOUR COOPERATION.

\_\_\_\_\_  
CHILD'S NAME PLEASE PRINT

\_\_\_\_\_  
CHILD'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE