



Nipomo Recreation Association  
 Entrance to the NHS Gymnasium,  
 PO Box 346  
 Nipomo CA 93444 (805) 929-KIDS (5437)  
 nipomorecreation.org nipomorecreation@gmail.com

## 2018-2019 Dana & Lange After School Registration Form

Select School \_\_\_ Dana \_\_\_ Lange

CHILDS NAME	Teacher	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? \_\_\_\_\_

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**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 \_\_\_\_\_

# 2018-19 Nipomo Recreation's Dana & Lange After School Program

## 2018-2019 Parent Statement of Understanding

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 or another Authorized Adult must sign my child(ren) into the program.
- I understand that I am responsible for submitting and paying in full and on time the monthly program fee.
- Automatic payments with a credit card on file will be made at the beginning of the month, within the first 5 school days.
- My child (ren) will not be able to attend the After School program if payment has not been processed by the 10th workday of the 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.

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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

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