



Nipomo Recreation Association,
 Entrance to the NHS Gymnasium
 P.O. Box 346, Nipomo CA 93444 (805) 929-5437
 Website: nipomorecreation.org E-mail: nipomorecreation@gmail.com

Kinder Care Registration Form 2018/19

| CHILDS LEGAL NAME | MALE/ FEMALE | AGE | TEACHER (IF KNOWN) | AM or PM | SCHOOL |
|-------------------|-----------------|-----|-----------------------|----------|--------|
| | | | | | |

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 (court orders, etc)? _____

TRANSPORTATION INFORMATION: PM KINDER CARE ONLY:

How will your child get home after the program has ended at 3:15 pm?

Pick up: M T W Th F Walk/Bike: M T W Th F Bus M T W Th F

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 _____

**Nipomo Recreation's Kinder Care Program
2018-19 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 my child will be admitted directly into the PM Kinder Care Program by the Kinder Care Staff and that an authorized adult must sign my child out of the program.**
- **I understand that my child must be signed into the AM Kinder Care Program by an authorized adult, and that my child will be taken directly to their kindergarten teacher at 10:30 am.**
- **I understand that I am responsible for submitting and paying in full and on time the monthly program fee which is due the 1st of the month. \$15 late fee if monthly fee is paid after the 5th school day of each month for AM Kinder Care at Dana.**
- **PM Kinder Care is required to be on Autopay. 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 will 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.**
- **I understand that there is not Kinder Care on minimum days**
- **I understand that payments are accepted by Kinder Care staff and the Nipomo Recreation office only, the school office does not accept payments.**
- **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.**

I _____ have read and understand the parent statement of understanding, and all the policies of the Nipomo Recreation.

Child's Name _____ Signature _____ Date _____