

City of Gardena  
Recreation and Human Services Department  
1670 West 162<sup>nd</sup> Street, Gardena 90247

### AFTERSCHOOL PROGRAM

**\*\*A SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH CHILD\*\***  
**BOTH SIDES OF APPLICATION MUST BE FILLED OUT COMPLETELY OR YOUR CHILD**  
**WILL NOT BE ELIGIBLE TO PARTICIPATE IN THE PROGRAM**

1. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ MALE/FEMALE \_\_\_\_\_  
YOUTH'S NAME BIRTHDATE AGE

2. \_\_\_\_\_  
HOME ADDRESS APT # CITY ZIP CODE

\_\_\_\_\_  
HOME PHONE E-MAIL

\_\_\_\_\_  
SCHOOL GRADE

\_\_\_\_\_  
SCHOOL ADDRESS CITY ZIP CODE

2. \_\_\_\_\_  
MOTHER'S ANME OCCUPATION

\_\_\_\_\_  
NAME OF BUSINESS E-MAIL WORK PHONE

\_\_\_\_\_  
BUSINESS ADDRESS CITY ZIP CODE

3. \_\_\_\_\_  
FATHER'S NAME OCCUPATION

\_\_\_\_\_  
NAME OF BUSINESS E-MAIL WORK PHONE

\_\_\_\_\_  
BUSINESS ADDRESS CITY ZIP

4. NUMBER OF PERSONS IMMEDIATE FAMILY: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

5. IN AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE CONTACTED, PLEASE NOTIFY:

\_\_\_\_\_  
NAME RELATIONSHIP PHONE #

\_\_\_\_\_  
NAME RELATIONSHIP PHONE #

6. PERSONAL PHYSICIAN (complete information must be filled in):

\_\_\_\_\_  
NAME PHONE #

\_\_\_\_\_  
ADDRESS CITY ZIP CODE

Parent/Legal Guardian Consent for Emergency Medical Treatment

In the even of injury and I cannot be reached, or tie does not permit, I give permission to the City of Gardena Recreation and Human Services Department staff to obtain emergency medical treatment required for the immediate care of my child.

It is further understood that such permission includes the administration of medicine or treatment ordered by a duly licensed medical doctor. In no event will the City of Gardena or the City of Gardena Recreation and Human Services Department staff beheld liable for any accident or any emergency medical treatment pursuant to this consent.

7. \_\_\_\_\_  
SIGNATURE OF MOTHER/GUARDIAN DATE

8. \_\_\_\_\_  
SIGNATURE OF FATHER/GUARDIAN DATE

9. NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FCILITY: (Participants will not be permitted to leave with any person without written authorization from parent or guardian.)

NAME	RELATIONSHIP	PHONE
_____	MOTHER/GUARDIAN	_____
_____	MOTHER/GUARDIAN	_____
_____		
_____		
_____		

10. IS THERE ANYONE WHO MAY NOT PICK UP YOUR CHILD?

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

11. PLEASE LIST ANY ILLNESSES OR ALLERGIES YOUR CHILD HAS. ALSO, PLEASE LIST ANY MEDICAITON YOUR CHILD TAKES ON A REGULAR BASIS: (No medical equipment, IV prescriptions, respirators, etc. for use by participants will be permitted at the facility.)

A. **Illness, Allergy, or Other:** \_\_\_\_\_  
Name of Medication taken: \_\_\_\_\_ Time administered: \_\_\_\_\_

B. **Illness, Allergy, or Other:** \_\_\_\_\_  
Name of Medication taken: \_\_\_\_\_ Time administered: \_\_\_\_\_

12. I have read the POLICIES OF THE AFTER SCHOOL PROGRAM. If any of the stated regulations should be violated, I understand that program personnel have the authority to restrict or dismiss participants from activities and/or programs.

\_\_\_\_\_  
SIGNATURE OF MOTHER/GUARDIAN DATE

13. FACILITY WHERE CHILD WILL ATTEND PROGRAM (circle one):

PARKS: Bell - Freeman - Fukai - Rowley - South Gardena - Thornburg - Nakaoka Community Center

## AFTER SCHOOL PROGRAM POLICIES

- A. Program payments will be accepted in advance, every week on Mondays between 3:00 and 4:00 p.m. **ONLY!** See Payment schedule for payment due dates.
- B. Any payment received after Monday will be considered a delinquent payment.
- C. One (1) delinquent payment may be cause for dismissal from the program.
- D. A child cannot be enrolled in the program without initial payment.
- E. **NO CREDIT** will be extended.
- F. **ALL PAYMENTS MUST BE MADE IN CASH.**
- G. **NO REFUNDS** will be issued for any unused, pre-paid weeks(s).
- H. Children will be supervised from 4:00-6:00 p.m. Children should not arrive prior to 3:45 p.m. as no supervision is provided. After school Homework Assistance is a separate program, and is from 3:00-3:45 p.m. Parents picking up children up after 6:00 p.m. will be charged additional staffing cost of \$5.00 for the first 15 minutes, then \$5.00 for each 5 minutes after 6:15 p.m. Three (3) late pickups may be cause for dismissal from the program.
- I. Youth are to sign Daily Log Sheet upon arrival and departure. **NO EXCEPTIONS!** Early drop-offs (prior to 2:30 p.m.) will be subject to dismissal.
- J. Children creating disciplinary problems which cannot be controlled may be dismissed from program and/or activities.
- K. Children must be capable of utilizing restroom facilities without assistance.
- L. Should a child require medication during program hours, the parent is to contact the program leader and submit written instructions regarding dosage amount and/or times. No medical equipment, IV prescriptions, respirators, etc. for use by participants will be permitted at the facility.
- M. No person shall climb buildings, fences, trees, railings, baseball backstops, picnic shelters, etc.
- N. No person shall willfully mark, disfigure, tamper with, displace, or remove City property.
- O. No person shall leave bottles, trash, glass, or rubbish on park unless disposed of in receptacles.
- P. No person shall use, carry or possess firearms of any description, or any potentially dangerous weapons such as air rifles, bow and arrows, and slings, etc.
- Q. No person shall play rough or dangerous games such as tackle football, baseball, quoits, and golf in any of its phases; or take part in any game involving thrown or otherwise propelled objects.
- R. No person shall loiter or engage in loud, boisterous, threatening, abusive, insulting or indecent language, or engage in disorderly conduct.
- S. No person shall disturb or interfere with any other person's conduct or activity.
- T. No person shall bring onto the facility **ANY** domestic animal.