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PARKS, RECREATION & CULTURAL SERVICES

**LODI AFTER SCHOOL PROGRAM**  
**PARENT/GUARDIAN HANDBOOK AND ENROLLMENT PACKET**

2022-2023 School Year

Lodi Parks, Recreation and Cultural Services Department  
230 W. Elm St.  
Lodi, CA 95240  
(209) 333-6742

# City of Lodi Parks, Recreation and Cultural Services After School Program Parent/Guardian Handbook

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# City of Lodi Parks, Recreation and Cultural Services After School Program Parent/Guardian Handbook

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# City of Lodi Parks, Recreation and Cultural Services After School Program Parent/Guardian Handbook

## WELCOME!

The City of Lodi in cooperation with the Lodi Unified School District is proud to offer the After School Program (ASP) at Lakewood, Larson, Reese and Vinewood Elementary Schools at NO COST to the student through Lodi Unified School District's Expanded Learning Opportunities Grant (ELO). All students are encouraged to apply. All registration and program fees are waived, and is on a first-come, first-serve basis. Priority will be given to those attending full time (5 days per week).

The ASP Program is designed to meet the childcare needs of children in grades 1<sup>st</sup>-6<sup>th</sup> as well as offer academic support. LUSD teachers and para-educators will be provided for homework assistance. Children will receive a snack and participate in fun, indoor and outdoor, recreational activities daily. ASP is offered when school gets out (including minimum days) until 6:00 p.m.; excluding holidays, school breaks and in-service days.

Registration begins July 18, in-person at the Lodi Parks, Recreation and Cultural Services Department (PRCS) office, 230 W. Elm Street, at 8:00 a.m. Parents/guardians may register during normal business hours, Monday-Thursday and every other Friday 8:00am-5:00pm. Pick up your [Parent/Guardian Handbook](#) and Enrollment Packet today or download it online at [www.lodi.gov/334/After-School-Program!](http://www.lodi.gov/334/After-School-Program!)

### Sites

Lakewood Elementary 1100 N. Ham Lane 1 <sup>st</sup> -6 <sup>th</sup> Grades (209) 693-0316	Erma B. Reese Elementary 1800 W Elm Street K-6 <sup>th</sup> Grades (209) 810-8014
Ellerth E. Larson Elementary 2375 Giannoni Way 1 <sup>st</sup> -6 <sup>th</sup> Grades (209) 200-7380	Vinewood Elementary 1600 W. Tokay Street 1 <sup>st</sup> -6 <sup>th</sup> Grades (209) 810-8361

### Main Office

Lodi Parks, Recreation and Cultural Services Department  
230 W. Elm St.  
Lodi, CA 95240

Ph (209) 333-6742

Email: [prdept@lodi.gov](mailto:prdept@lodi.gov)

### Staff

Recreation Manager, Rachel Sandoval

Ph (209) 269-4858

Email: [rsandoval@lodi.gov](mailto:rsandoval@lodi.gov)

## City of Lodi Parks, Recreation and Cultural Services After School Program Parent/Guardian Handbook

### PROGRAM DAY

#### Homework Time

Please note that homework time is limited to a minimum of 30 minutes and a maximum of 60 minutes per day. At the end of scheduled homework time, children will be asked to put their homework away and join the group activities. ASP staff is not responsible for homework completion or accuracy; staff do not guarantee that homework will be complete by the time the child is picked up from the program. It is our policy that children get a jump start on their homework and complete the majority of the work at home with a parent.

Those without homework or who choose not to do homework will be required to participate in quiet-time.

#### Movies

Sites may occasionally show a movie on minimum days or to celebrate special holidays. Staff will only show “G” and “PG” rated movies. If you do not want your child watching movies at ASP, please inform your site staff.

#### Organized Sports and Games

Staff will arrange physical fitness sports and games suitable for all children. No child is required to participate but will be encouraged to do so.

#### Passive Play

Children will have access to games, coloring, books and time to positively interact with other children and staff.

#### Snacks

Snacks are provided to all children daily. Please indicate any food allergies on the Emergency Form. In order to maintain their safety and lower the risk of exposure to these food allergens, we will make every effort to strive to be food allergy conscious. The safety and wellbeing of each child is our top priority.

### REGISTRATION FORMS

#### In-Person

Register in person at the Lodi Parks, Recreation and Cultural Services Department, 230 W. Elm Street, Monday-Thursday and every other Friday, 8:00 a.m. to 5:00 p.m. Complete the [Enrollment Packet](#) and submit to PRCS staff.

#### Emergency Form

All authorized parents/guardians, siblings 16+ or other adults designated to take the child from the ASP program MUST be listed on the Emergency Form. Any parent/guardian or other adult not on the form will NOT be allowed to take the child from the ASP program.

If you intend to send someone who is not on the [Emergency Form](#) or [Sign-Out Authorization Form](#), it is your responsibility to notify the PRCS office in writing (letter, email) or in-person. **If a Parent/Legal Guardian without identification or an unauthorized person attempts to remove or physically removes a child from ASP, the Lodi Police Department will be contacted and appropriate criminal charges filed.**

For an emergency pick up, please call Recreation Manager at (209) 269-4858 or (209) 400-1434 immediately.

# City of Lodi Parks, Recreation and Cultural Services

## After School Program Parent/Guardian Handbook

### Fees

All fees including the Registration Fees and Program Fees are paid for by the Lodi unified School District. Parents are responsible for any [late pick-up fees](#).

## POLICES

### Absences

If your child misses more than 5 days in a calendar month, your services may be terminated. If you know that your child will not be attending ASP for a complete month or more, please notify the [Recreation Manager](#) immediately. Your child will be placed on a waitlist and may return if space is available. No exceptions. If you'd like your child to attend part-time, please register for the ASP –Part Time. Space in the part time program is very limited per site and space is not guaranteed.

### Behavior and Discipline

ASP will follow the disciplinary guidelines of the school site. For behavior problems, a report will be filed with the Recreation Manager and the parent/guardian will be notified immediately. Continuing behavioral problems may result in the suspension of a child and/or termination from ASP at the sole discretion of the Recreation Manager. (see [Grounds for Termination](#))

Any child who has been suspended from school is automatically suspended from ASP. All parents and students must read and sign the [Behavior Guidelines](#).

### Cell Phones

Children are not allowed to use cell phones during program time. If a child needs to call a parent, they must inform the site staff. Staff are not responsible for damaged or missing cell phones. (see [Valuables](#))

### Damages

Parents/Legal Guardians will be financially responsible for any and all damages and/or vandalism to the school, other children's personal property, or the property of ASP caused by their child.

### Dropping

Email the Withdrawal Request Form to the [Recreation Manager](#) or drop-off the form at the Lodi Parks, Recreation and Cultural Services Department, 230 W. Elm Street, Monday-Thursday and every other Friday, 8:00 a.m. to 5:00 pm. **DO NOT NOTIFY THE SCHOOL OFFICE OR ASP SITE STAFF.**

### Illness

Please report any contagious disease or condition to the Recreation Manager when you become aware of the problem. If your child becomes sick at ASP, site staff will contact someone from the emergency list to pick up the child. You or your designated contact(s) are expected to pick-up your child within a half hour of notification. If your child is sent home from school ill, they may not attend the ASP site until they return to school.

### Lice

ASP staff reserves the right to conduct random checks for head lice. If your child is found to have head lice, you will be called to pick up your child. Child must be lice and nit-free to return to ASP.

# City of Lodi Parks, Recreation and Cultural Services

## After School Program Parent/Guardian Handbook

### Late Pick-Up

In all instances of children remaining at program sites after 6:30 p.m., the Lodi Police Department will be contacted. The child/children will be transported by the Police to the Lodi Police Department. In the event you arrive at the Program site after 6:30 p.m. and your child is not present, you will need to contact the Lodi Police Department. The non-emergency number of the Lodi Police Department is (209) 333-6727.

### Late Pick-Up Fee

Late pick-up will be billed **\$2 per each minute** if your child is not picked up by 6:00 p.m. If your child is picked up late three (3) times during the school year, your child may be dropped from the program and all applicable late fees will be due. Payment will be due 30 days from the day of the late pick up. In all instances of children remaining at program sites after 6:30 p.m., the Lodi Police Department will be contacted. (see [Late Pick Up](#))

### Mandated Reporters

ASP staff are required to report known or suspected child abuse. Staff who work with minors are deemed to be a “Mandated Reporter” pursuant to the California Child Abuse and Neglect Reporting Act ([Penal Code §§ 11164-11174.3](#)) (“CANRA”) and are required by law to report child abuse.

### Medication

No medication (prescription or non-prescription) will be administered to any participant without the appropriate form being completed and on file at ASP. If necessary, please complete and submit the [Administration of Medication](#) form. Parents/guardians are responsible for submitting the completed form and providing medication directly to ASP staff. Medication must be submitted in its original container and clearly labeled. Staff will keep medication locked until it’s needed.

### Part-time Program

If you would like your child to attend on a part-time basis, you must register for ASP - Part-time Program. The Part-time program allows children to drop-in on pre-scheduled days. Space is limited per site and space is not guaranteed. All Part-time participants must contact PRCS to request days. An [Enrollment Packet](#) must be on file for Punch Passes.

### Pick-Up Procedures

Staff will remain with the children until an authorized person picks them up. A picture ID will be required of all persons signing your child out of ASP. People authorized to pick up children from the program must be on the Emergency Form. If any person named on the Emergency Form does not have a photo ID with them upon arrival, **they will be turned away**. If an authorized person is late to pick up their child, they will be charged a Late Pick-up Fee. (see [Late Pick-Up](#))

If a child is picked up by a person who appears to be intoxicated or otherwise impaired (e.g. drugs, mental condition), the child will not be released to the person by site staff and the Lodi Police will be contacted to evaluate the situation.

### Sign In/Out

Sign in/out sheets are located in a binder at each site. An ASP staff person signs your child in when they arrive. It is the child’s responsibility to get to ASP. Parents/guardians, siblings 16+ or other adults authorized to pick up the child must sign the child out daily.

## **City of Lodi Parks, Recreation and Cultural Services After School Program Parent/Guardian Handbook**

**Copies of sign out sheets will not be given out to parents** unless subpoenaed by their attorney to our City Attorney, Janice Magdich. Parents may contact the City Clerk's office to request a [Freedom of Information Act Form](#) to request ASP documents, (209) 333-6702.

Parents may not take pictures of the sign in and out sheets or the Emergency Form. Copies of sign in/out sheets will be provided with a subpoena from your attorney directed to the City of Lodi Attorney as follows: Janice Magdich, City Attorney, City of Lodi, 221 W. Pine St., Lodi, CA 95240.

### **Sign Out Authorization Form**

If your child is walking or riding his or her bike home, a [Sign-Out Authorization Form](#) is required giving site staff permission to sign your child out.

For your child to assist in a teacher's classroom and leave supervision of the ASP staff, the teacher must be authorized to pick-up your child and sign them out of ASP. Staff will sign your child into ASP when the child returns from the teacher's classroom.

### **Special Needs**

Staff to participant ratio is 1:15. We are not a one-on-one program. If your child has special requirements, please advise the Recreation Manager to determine appropriate accommodations. Please notate on your Enrollment Agreement.

### **Valuables**

Children are not allowed to bring toys, games, trading cards, shoes with wheels or other valuables including electronics (i.e. smartphones, tablets, PSPs, DSi's, iPods, and any other electronic item or toy) to ASP. Lodi PRCS is not responsible for damaged, lost or stolen items.





**Parks, Recreation and Cultural Services**

230 W. Elm Street  
Lodi, CA 95240  
(209) 333-6742  
Fax (209) 333-0162  
Lodi.gov

**CHANGE OF INFORMATION**

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
ASP Site

**I have made the following change(S):**

- |  |   |
|--|---|
| <input type="checkbox"/> Address           | <input type="checkbox"/> Notify in An Emergency |
| <input type="checkbox"/> Telephone         | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Additional Pickup |   |

**Changes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Staff Only:*  
*Changes made by:*

*Date:*

**PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART****NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
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**PARENT'S INSTRUCTIONS:**

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

**I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:**

---

From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ daily while in attendance.  
BEGINNING DATE                      ENDING DATE                      TIME OF DAY

PARENT'S SIGNATURE:	DATE:
---------------------	-------

**MEDICATION CHART**  
**Staff Documentation of Medicine Administration**

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

**Upon completion, return medicine to parent or destroy, and place form in child's record.**

STAFF	DATE
-------	------



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**CUSTODY IN THE EVENT OF SEPARATION OR DIVORCE**

- The Parent/Legal Guardian signing this Agreement is the party PRCS staff will contact regarding the enrolled child and is the party responsible for the financial obligations set forth herein.
- In cases of separation or divorce, please discuss any special circumstances with the Recreation Manager. If any ASP documents are needed for court cases, your attorney will need to subpoena the documents from our City Attorney who in turn will request the documents from the Parks, Recreation and Cultural Services Department. An additional enrollment packet may be required for the non-signing parent.
- If you need copies of Sign in and out sheets or of the Emergency Form of your child's the ASP agreement for court, Please request the "FREEDOM OF INFORMATION ACT" form from the City Clerk (209) 333-6702.
- If you have issues concerning custody of an enrolled child and need ASP support we will need the following CURRENT OR DATE STAMP OF NO MORE THAN 6 MOS official legal documents: Two (2) certified copies of court visitation order(s), restraining order(s), and proof of custody (one copy will be on file at the ASP site and the other with the Parks, Recreation and Cultural Services office).
- The court order(s) must state that the named parent or guardian who is prohibited from picking up and taking the child from the ASP site. The court order(s) must state that the named parent is prohibited from having contact with the enrolled child/children. *Expired dated court orders* will not be honored and the Police will be called to assess the situation for possible release.
- The named Parent(s)/Legal Guardian(s) signing this enrollment agreement is/are presumed to have every legal right to pick up their child from the ASP site. Provided the signing party provides proper identification, they will not be stopped by ASP staff from removing the child unless we have a certified court order on file at the ASP site and Parks, Recreation and Cultural Services office. As a courtesy to the custodial parent, we will notify you if a court barred parent has attempted to pick your child up from the ASP site.
- The enrolling parent has control of who picks up their child. If they do not put the other parent on the emergency form, the parent not on the form will not be allowed to take the child from the ASP program. If the parent who is not on the form decides to take the child from our program, the police and the enrolling parent will be called.

###

- Please have all court papers if any in order with current dates (must be less than 6 months old or within the same year). We will only follow the enrolling parent’s written consent as to who is authorized to pick up their child.
- If you send someone who is not on the Emergency Sheet, it is your responsibility to call our office, Recreation Manager, or the site itself to inform us that a new person will be sent. We then will send you a Change of Information sheet to add the new person for future pick-ups. If a Parent/Legal Guardian without identification or an unauthorized person attempts to remove or physically removes a child from ASP, the Lodi Police Department will be contacted and appropriate criminal charges filed.
- Parents please make sure you provide us with a copy of custody or visitation papers. Expired custodial documents will not be honored and the authorities will be called to assess the situation for possible release.
- The Parent/Legal Guardian who signs this Enrollment Agreement is the parent/guardian that PRCS will contact for necessary paperwork and financial responsibility. If parents have joint custody of the enrolled child, then the financial responsibility must be settled between the parents before enrolling the child into ASP.
- The Parent/Legal Guardian who signs the Child’s Emergency Form(s) is the only person who may make changes or additions to that Form. A “Change of Information” form must be used. The non-signing parent cannot make changes to the ASP agreement. The Change of Information form must be brought into the Park, Recreation and Cultural Services office in order to make the changes to the original forms. This information includes home address, phone number(s), and/or adding/dropping names for emergency and pick up.

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Parent/Guardian Name (Print)

---

Parent/Guardian Signature

---

Child’s Name

---

ASP Site

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Date



**Parks, Recreation and Cultural Services**  
 230 W. Elm Street  
 Lodi, CA 95240  
 (209) 333-6742  
 Fax (209) 333-0162  
 Lodi.gov

**WITHDRAWAL/TRANSFER REQUEST FORM**

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

Withdrawal Request

Transfer Request

Withdrawal Activity: \_\_\_\_\_ Activity Number: \_\_\_\_\_

Transfer to (if applicable): \_\_\_\_\_ Activity Number: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Payee Name: \_\_\_\_\_

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

**DRAFT**

Phone: \_\_\_\_\_

**REASON FOR REFUND:**

- Medical     Scheduling Conflict     Other

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Participant or Parent/Guardian: \_\_\_\_\_

**Office use only**

<i>Date</i>	<i>Staff Initials</i>	<i>Approved/Denied</i>	<i>Original Receipt #</i>	<i>Total Fees Paid</i>
<i>Amount of Refund</i>			<i>Active Receipt #</i>	
<i>Paid by: Cash</i>		<i>Check</i>	<i>Credit/Debit Card</i>	

1. All Withdrawal/Transfer Requests must be submitted in writing on the Withdrawal/Transfer Request Form and submitted the PRCS Department.
2. Full refund of Activity fee, non-resident fee, material fees and registration fees will be given if the department cancels the Activity. Online third-party processing fees and charges (vary) are NOT REFUNDABLE
3. Full refund will be given for medical reasons before the first day of the activity, or if the participant is cut from the program (documentation must be provided for medical reasons).
4. Withdrawal Requests submitted at least 5 calendar days before a class starts will receive the Activity fee, non-resident fee and material fees, less a \$5 Withdrawal Fee. Registration Fee (\$7) and online third-party processing fees and charges (vary) are NON REFUNDABLE. See receipt for fees paid.
5. Registrants will receive 50 percent of activity fees less a \$5 Withdrawal Fee for refund requests made 0-4 days before the day of the activity. Registration Fee (\$7) and online third-party processing fees and charges (vary) are NON REFUNDABLE. See receipt for fees paid.
6. No refunds will be given after the first day of the activity.
7. If approved, all refund checks will be processed within 30 days of receipt. If paid with a credit/debit card, refund will be applied back to card used for the original transaction.
8. If an expenditure has been made on behalf of a participant (i.e. insurance fees paid, uniform costs), that amount will be deducted from the total refund.

**DRAFT**

I've read and acknowledge the above refund policies for Parks, Recreation and Cultural Services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**2022-2023 AFTER SCHOOL PROGRAM REGISTRATION FORM**

Site	Activity Number	Grade
------	-----------------	-------

Child's Legal Last Name	Child's Legal First name	Date of Birth	Gender
Address		City, State Zip Code	
Home Phone	Email Address		
Parent/Guardian Name #1		Parent/Guardian Name #2	
Contact Phone #1		Contact Phone #2	
Address (if different than above)		Address (if different than above)	
City, State Zip Code (if different than above)		City, State Zip Code (if different than above)	

**AGREEMENT AND RELEASE OF LIABILITY** As the parent or guardian of a minor child (hereafter "my child") participating in activities of the City of Lodi, Parks and Recreation Department, I hereby waive and release any claims I or my child may have now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the City") arising from injuries to my child or damages to my child's or my property, sustained while my child is (1) at the City's facilities, (2) participating in the City's activities, or (3) being transported to or from the facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's alleged active or passive negligence. As lawful consideration for my child being permitted to participate in this activity, my child and I agree to release from legal liability and agree not to sue the City of Lodi.

In the event of an injury to my child, I hereby give the City permission to arrange transportation for my child to a hospital, and/or provide my child with EMERGENCY treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions. The City is not liable for any medical expenses in the event of an injury.

I hereby give the City of Lodi and the Parks and Recreation Department full permission to use publish and copyright photographic prints or other reproductions from all negatives made of me or my child, either in conjunction with or without using my name for publication, promotion, advertising or display purposes.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

Parent/Guardian Name (Print)



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**ASP SIGN-OUT AUTHORIZATION FORM**

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
ASP Site

Please provide the name, relationship and phone number of the authorized individuals you give permission to sign your child out of our facility.

Last Name	First name	Relationship	Phone Number

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





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**EMERGENCY INFORMATION FORM**

\_\_\_\_\_  
 Name of Child

\_\_\_\_\_  
 ASP Site

**Must be completed by Parent or Legal Guardian**

Child's Name	Date of Birth
Parent/Guardian Name #1	Parent/Guardian Name #2
Contact Phone #1	Contact Phone #2
Address	Address (if different than #1)
City, State Zip Code	City, State Zip Code (if different than #1)

**Alternative Emergency Contacts**

Primary Emergency Contact	Secondary Emergency Contact
Contact Phone	Contact Phone
Address	Address
City, State Zip Code	City, State Zip Code

**Medical Information**

Physician's Name	Phone Number
Insurance Company	Policy Number
Dentists' Name	Phone Number
Insurance Company	Policy Number

**Does your child have any allergies?**

No                      Yes (explain) \_\_\_\_\_

**Does your child have any special needs staff need to be aware of?**

No                      Yes (explain below)

---

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I hereby agree to indemnify and hold the City of Lodi its officers and employees, harmless, and any community organization cosponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child, arising out of or in any way connected with participation in the program named above.

I recognize and understand that there may be risks of injury to my child as a participant in this program and I agree to accept those risks in registering my child as a participant. My signature below indicates that I am aware of and understand the policy and procedures of the After-School Program.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**PARENTAL CONSENT FOR MEDICAL TREATMENT**

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
ASP Site

In order for my child/legal dependent to receive necessary medical treatment in the event of any injury or illness occurring during participation in the After School Program, the undersigned as the parent or legal guardian, of the child/legal dependent enrolled in the After School Program, as set forth below, hereby authorizes the City of Lodi, through its employees or agents to obtain all emergency dental or medical care as prescribed by a duly licensed physician (M.D.), Osteopath (D.O.), or Dentist (DDS). Medical or Dental care may be given under whatever conditions are necessary to preserve the life, limbs, or well-being of my child/legal dependent. I further hold the City of Lodi, its employees, and elected officials harmless in the exercise of this authority.

If you have any questions about this Agreement, please contact the Recreation Manager at the Parks, Recreation and Cultural Services office at (209) 333-6742.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





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**BEHAVIOR CONTRACT**

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
ASP Site

1. When an ASP leader fills out a Behavior Report, you and your child will be asked to sign it. Refusal to sign the Behavior Report by the parent/guardian or child will result in the child's immediate dismissal from all ASP programs.
2. Upon receipt of your child's 2nd Behavior Report, the parent/guardian must attend a parent/guardian conference with the Recreation Manager to determine a behavior action plan for the child. The child will be suspended from ASP until a parent/guardian conference has been scheduled. Refusal by a parent to participate in a conference will result in a child's permanent expulsion from all ASP programs.
3. Upon receipt of the child's 3rd Behavior Report, the child will be expelled from the ASP program for one full calendar year.
4. After one year has passed, the parent/guardian may schedule an appointment with the Recreation Manager to evaluate re-admittance of the child.

ASP reserves the right to suspend or expel a participant at any time. Expulsion from the program will continue for a minimum of one full calendar year from the original date of expulsion. If a child is suspended or expelled from the ASP program, your child may be sent home during program hours and you may be called to pick up your child from the site within 60 minutes. After 60 minutes, you will be charged \$2 per minute until your child is picked up.

**GROUNDINGS FOR TERMINATION**

This Agreement may be terminated for any of the following grounds:

- Failure of the Parent/Legal Guardian of the enrolled child to honor the obligations listed in this Agreement or abides by the rules, regulations or manuals promulgated or provided by the City of Lodi Parks, Recreation and Cultural Services staff.
- The Recreation Manager, Coordinator or Site staff determines that it is not in the best interest of ASP or the other children enrolled to have the child in attendance.
- Parent/Legal Guardian of the child gets aggressive, fails to cooperate, lack respect for Site staff, Coordinator, and if they approach other children to question, talk to, or yell at.
- Abusive language from children, Site staff or Parents/Legal Guardians is not allowed.
- If a Parent/Legal Guardian threatens children, ASP Staff, or parents at an ASP site.

- If your child displays violent, aggressive, yelling, uncooperative attitude, or hitting other children or staff of ASP.
- If child breaks their Behavior Contract.
- If parent displays aggressive or violent behavior, or is verbally badgering or abusive to ASP staff or other children in the program.
- If parent is takes pictures of other children at the ASP Site or pictures of ASP forms, sign in/out sheets, Emergency Form or contact information.
- If your child attempts to leave the school grounds, runs out of the ASP facility, or hides from ASP staff.
- Any child caught stealing from school, ASP, or from another child. Parents/Legal Guardians will be held responsible for restitution.
- Vandalism to staff, school, or other children’s property and refusal to pay for all costs to replace, repair, or reimburse injured party.
- Continuing behavioral problems may result in termination of your child from ASP.
- Habitually late parents (3x) will be subject to review and possible termination.
- Termination of an enrolled child from ASP is the sole discretion of the Recreation Manager.

I, parent name, and my child, child name, agree to abide by the rules outlined in the Behavior Guidelines. We acknowledge that if my child receives a 2<sup>nd</sup> Behavior Report, my child may not attend the ASP programs until I schedule a meeting with the Recreation Manager; and if my child receives a 3<sup>rd</sup> Behavior Report, my child may be expelled for 1 school year.

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Parent/Guardian Name (Print)

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Parent/Guardian Signature

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Date



**Parks, Recreation and Cultural Services**

230 W. Elm Street  
 Lodi, CA 95240  
 (209) 333-6742  
 Fax (209) 333-0162  
 Lodi.gov

**2022-2023 AFTER SCHOOL PROGRAM ENROLLMENT AGREEMENT**

\_\_\_\_\_  
 Name of Child

\_\_\_\_\_  
 ASP Site

CHECK	SUMMARY OF PROGRAM
	I will notify the Recreation manager if my child will not be attending, and understand they will be dropped if they miss more than 5 days in a calendar month.
	Staff are mandated reporters and we will report suspicious marks, suspected abuse, and child reported abuse.
	I will pick up my child on or before 6:00 p.m. I understand that I will be charged a \$2 per minute late fee after 6:00 p.m. and if I fail to pick up my child by 6:30 p.m., Lodi Police Department may pick up my child.
	If child is not picked up by 6:30 pm, Lodi Police Department will be called and transported to the Lodi Police Department.
	Parents with court ordered custody documents; we will need 2 copies with current dates. (within 6 mos of filing date)
	I understand that cancellations or drops must be done in writing to the Recreation Manager, not to any ASP site or staff. Verbal notification or messages are not valid.
	I understand that only authorized persons listed on the Emergency Form are authorized to take my child out of the ASP program.
	My child will abide by the Behavior Guidelines outlined in this Parent Handbook. I understand that if my child receives 1 report, I must sign the report. A 2 <sup>nd</sup> report will result in a meeting with the Recreation Manager. And a 3 <sup>rd</sup> occurrence may result in expulsion from the program for 1 school year.
	I will not allow my child to bring valuable items to ASP. I understand that ASP is not responsible for items that are stolen or damaged.
	I will contact the Recreation Manager if my child is sick and unable to attend.
	I understand that ASP staff are mandated reporters and must report known or suspected child abuse.
	I will notify the Recreation Manager if my child has special needs and requires accommodations.

## ASP CONTRACT ACKNOWLEDGEMENT AND SIGNATURE

I, the undersigned, agree to cooperate with the general policies of the After School Program, to perform the obligations of parent/guardian set forth in this Agreement, and to abide by the rules, regulations, and manuals promulgated and provided by the After School Program.

I recognize and understand that there may be risks of injury to my child as a participant in the After-School Program and that I agree to accept those risks and the responsibility for any injury my child/dependent(s) may receive as a participant in the After School Program.

My signature below indicates that I am aware of and fully understand the operations of the After-School Program and the requirements for the continued enrollment of my child, and have read, understand and agree to the foregoing.

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Parent/Guardian Name (Print)

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Parent/Guardian Signature

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Date