



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 REGISTRATION FORM

Site	Activity Number	Grade
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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)

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 2nd 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 3rd Behavior Report, my child may be expelled for 1 school year.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



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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 nd report will result in a meeting with the Recreation Manager. And a 3 rd 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.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date