

**CITY OF NORCO  
DEPARTMENT OF COMMUNITY SERVICES**

**Mobile Recreation – After-School Enrichment Program**

**Program: Mobile Recreation – After-School Enrichment Program**

**School:** \_\_\_\_\_

**Grade / Time / Location:**

- TK – 6<sup>th</sup> Grade
- Early Bird Wednesdays 2pm – 3:15pm
- Highland Elementary School located at 2301 Alhambra Street, Norco CA 92860

To assure that parents clearly understand the policies and procedures of the After-School Enrichment Program, we ask that you, the parent/guardian, initial the following important items:

\_\_\_\_\_ Parents are responsible for payment of fees. Tuition must be paid **prior** to child's attendance in our program. Therefore, parents must pay fees prior to your child's start date in this program. Please pay by the Thursday prior to your starting day.

\_\_\_\_\_ All tuition must be paid by cash, card (Visa, Master or Discover) check, or money order, payable to the City of Norco. Online payments can be made at <https://apm.activecommunities.com/cityofnorco/Home> All returned checks will be charged a \$25 service fee per the City of Norco. Once a check is returned, fees must be paid by exact cash or money order from then on. If you have any questions regarding your payment, please contact the Community Services Coordinator at 951-272-1619. *\* Fees are subject to change!*

\_\_\_\_\_ There is no reduction of tuition due to vacations or absences, except in the case of an extended illness. Please notify the program coordinator at 951-272-1619.

\_\_\_\_\_ I understand that for my child to stay and participate in the program the contract must be completed along with the liability waiver.

\_\_\_\_\_ Parents are responsible for ensuring their child meets the City of Norco Park and Play staff near the Highland cafeteria for check-in.

\_\_\_\_\_ I understand that Pick-up occurs in front of Highland Elementary at 3:15pm, and parents/guardians must show ID during pick-up by 3:20pm.

\_\_\_\_\_ Parents are expected to pick their child(ren) up at the designated closing times as stated above. If your child is still here after the closing time of 3:15pm, you will be charged a **\$1.00 per minute** thereafter for being late.

\_\_\_\_\_ I understand that I must have my ID with me at pick up to verify that I am authorized for pick up. If someone else is picking up my child, I understand that I must notify the program Coordinator at 951-272-1619 and the person must be listed on the authorized for pick up form and they must present photo identification.

\_\_\_\_\_ Children are required to dress for active play. Closed toed shoes are required every day.

\_\_\_\_\_ The Mobile Recreation staff do not escort children to the restroom.

\_\_\_\_\_ Hand hygiene plays an important part to limiting the spread of germs. The use of alcohol-based hand sanitizer with at least 60 % alcohol is a simple yet effective way to prevent the spread of pathogens and infections. The City of Norco Youth programs uses alcohol-based hand sanitizers with a minimum of 60% alcohol recommended by the CDC. The sanitizer is

out of reach of children and is only used under direct supervision. Children are encouraged to wash their hands with soap and water for at least 20 seconds when a sink is readily available.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>

\_\_\_\_\_ I understand that if my child is exhibiting any COVID-19 symptoms (cough, fever, chills, muscle pain, shortness of breath or difficulty breathing, sore throat, new loss of taste or smell, confusion, bluish lips or face, persistent pain or pressure in the chest) or if my child has a temperature of 100.4 degrees or higher (without taking any medication that may mask any of the listed symptoms) that they will not be allowed to enter the building. I understand that if at any point, my child begins to feel ill, that I will be expected to pick up my child immediately.

\_\_\_\_\_ In case of emergency, staff can administer (as directed on the medication and as trained for) or assist child with prescribed EpiPen or Inhaler which has been provided by Parent/Guardian  
 Not Applicable

\_\_\_\_\_ Parents are responsible for notifying the director of any change to their emergency information. It is critical that we have the most up to date information to care for your child and or to contact you in case of an emergency.

\_\_\_\_\_ If it is found that a child is unable to adjust to the program, the City of Norco reserves the right to request withdrawal of a child. This decision is left to the discretion of the Community Services Coordinator.

\_\_\_\_\_ **HARASSMENT POLICY.** No individual or group shall, through physical, written, verbal, visual or other means, harass, sexually harass, threaten, intimidate, cyberbully, cause bodily injury to, or commit hate violence against any other participant or parent/guardian, City of Norco employee, City of Norco volunteer or retaliate against them for filing a complaint or participating in the complaint resolution process. **If it is found that an individual or a parent/guardian has violated the above policy, the City of Norco reserves the right to remove the involved party from the program and/or remove the child from the program.**

\_\_\_\_\_ I agree to abide by the above rules and regulations.

### **Discipline**

Children must follow the rules of the program. Disruptive, disrespectful, or damaging behavior toward other children, staff, and/or equipment is reason for dismissal. We encourage parents/guardians to discuss concerns with the Community Services Coordinator.

- Stealing, vandalism, fighting, cursing, foul play, not following directions, etc. will not be tolerated.

### **Conduct Violation Consequences\*:**

1st – Written warning, guidance, and parental contact

2nd – Disciplinary Action Form, suspension, and student will be sent home if necessary

3rd – Dismissal from program

- Parent/Guardian will be held responsible for any cost/damages inflicted upon facility, park, and/or private property or equipment.

**\*Consequences subject to change due to severity of content.\***

**Code of Conduct**

- Play only in assigned areas.
- Respect self, other participants, staff, toys, and equipment.
- No pushing, grabbing, hitting, kicking, or biting.
- No roughhousing, climbing, standing on, lifting, or carrying of each other, toys, tables, equipment, or furniture.
- No name calling, teasing, or bullying one another.

\_\_\_\_\_ I agree to abide by these rules and regulations.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
Date

**EMERGENCY AND IDENTIFICATION INFORMATION****Child's Name:**

\_\_\_\_\_

First Middle Last

\_\_\_\_\_

Number Street City Zip Code

House Phone Number: (\_\_\_\_) \_\_\_\_\_

Child's Birth date: \_\_\_\_\_ (Month/Day/Year)

**Parent/Guardian Name:**

\_\_\_\_\_

First Middle Last

Address: (If different from children)

\_\_\_\_\_

Number Street City Zip Code

Cell Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian Name:**

\_\_\_\_\_

First Middle Last

Address: (If different from child's)

\_\_\_\_\_

Number Street City Zip Code

Cell Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PHYSICIAN OR DENTIST WHO MAY BE CALLED IN AN EMERGENCY**

\_\_\_\_\_

Physician's Name Address Phone Number

\_\_\_\_\_

Dentist's Name Address Phone Number

If physician cannot be reached, what action should be taken?

\_\_\_\_\_ Call emergency hospital \_\_\_\_\_ Other Explain: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**PERSON'S AUTHORIZED FOR PICK UP**

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Name	Address	Phone Number	Relationship to child
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Name	Address	Phone Number	Relationship to child
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Name	Address	Phone Number	Relationship to child
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**PERSON'S NOT AUTHORIZED FOR PICK UP**

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Name	Address	Phone Number	Relationship to child
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Name	Address	Phone Number	Relationship to child
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Name	Address	Phone Number	Relationship to child
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**Parent/Guardian Signature**

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**Date**

**EMERGENCY TREATMENT FORM**

I, \_\_\_\_\_, certify that my child \_\_\_\_\_ is in good health, has no physical disability or other impediments which would endanger him/her in participation in the youth Program and hereby give consent to my child's participation therein.

A minor cannot receive medical treatment without parental permission; this creates difficulties in emergency situations. By signing below your child could receive medical attention immediately in the event of an accident, without obtaining permission again from you at the time of an emergency. Of course, every attempt would be made to notify you as quickly as possible, should we be unable to reach you, your child could receive immediate medical care.

IN CASE OF EMERGENCY, I understand every effort will be made to contact parents or guardians of the child. In the event I cannot be reached, I hereby give permission to the selected physician selected by the teacher to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child \_\_\_\_\_. I also agree that the paramedic can administer non-prescription medication, if necessary.

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 PARENT/GUARDIAN SIGNATURE

PHONE NUMBER

DATE

If I cannot be reached, please contact the following person(s):

1. \_\_\_\_\_  
 Name Relationship to child

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Address Phone Number

2. \_\_\_\_\_  
 Name Relationship to child

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Address Phone Number

3. \_\_\_\_\_  
 Name Relationship to child

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Address Phone Number

4. \_\_\_\_\_  
 Name Relationship to child

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Address Phone Number



### IMAGE RELEASE

I hereby grant the City of Norco permission to use, reproduce, distribute, publish, or otherwise display my name, image, and/or likeness in a photograph, video, and/or digital reproduction in any form in connection with City of Norco's publications, advertisements, websites, presentations, media stories, and social media, without payment or other consideration.

I understand and agree that these materials will become the property of the City of Norco and will not be returned. I irrevocably authorize the City of Norco to edit, alter, copy, exhibit, publish or distribute this photo, video, or digital reproduction for purposes of publicizing its programs or for any other lawful purpose authorized by this Agreement.

I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my name, image, and/or likeness appears. Additionally, I waive the right to any royalties or other compensation arising from or relating to the use of the photograph, video, or digital reproduction. I hold harmless, release and discharge the City of Norco from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand its contents, meaning, and impact.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

If the subject of the photograph is under 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and consent to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)



### Epipen Authorization

This form is to be filled out only if your child has a severe allergy that may require immediate access to an epinephrine auto-injector. Epipens will be kept in the child's file inside the filing cabinet located in the Community Services Coordinators office.

<b>Part 1 To be completed by the Parent or Guardian</b>	
Program: _____	
Child's Name: _____ sex: _____ Date of Birth: _____	
Known Allergies and severity (ex: can touch, but not ingest): _____ _____	
Special instructions: _____	
Physicians Name: _____ Business Phone: _____	
Physicians Address: _____ Emergency Phone: _____	
I request in the case of a severe or life-threatening allergic reaction that the medicine described below from my child's physician may be administered during the City of Norco Community Services activity stated above by authorized persons or permitted to medicate her/himself as also authorized by me and my physician (see below).	
Date: _____ Parent/Guardian Signature: _____	
Print Parent/ Guardian Name: _____ Emergency Phone: _____	

<b>Part 2 To be completed by the PHYSICIAN</b>	
Diagnosis:	Medication(s):
Date of Order	Form:
If Medicine is to be given when needed, describe indications:	Route:
dosage: List significant side effects/ contraindications/ adverse reactions:	Dose:
	Time interval for repeating
Date: _____ Physicians Signature _____	

### Inhaler Authorization

This form is to be filled out only if your child may require immediate access to an inhaler to alleviate asthma symptoms or before exercise to prevent the onset of asthma symptoms. Inhalers will be kept in the child's file inside the filing cabinet located in the Community Services Coordinators office.

<b>Part 1 To be completed by the Parent or Guardian</b>	
Program: _____	
Child's Name: _____ sex: _____ Date of Birth: _____	
Known Allergies and severity (ex: can touch, but not ingest): _____ _____	
Special instructions: _____	
Physicians Name: _____ Business Phone: _____	
Physicians Address: _____ Emergency Phone: _____	
I request in the case of a severe or life-threatening allergic reaction that the medicine described below from my child's physician may be administered during the City of Norco Community Services activity stated above by authorized persons or permitted to medicate her/himself as also authorized by me and my physician (see below).	
Date: _____ Parent/Guardian Signature: _____	
Print Parent/ Guardian Name: _____ Emergency Phone: _____	

<b>Part 2 To be completed by the PHYSICIAN</b>	
Diagnosis:	List Triggers:
Date of Order	Medication(s):
If Medicine is to be given when needed, describe indications:	Form:
	Dose:
dosage: List significant side effects/ contraindications/ adverse reactions:	Time interval for repeating
Date: _____ Physicians Signature _____	



**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19  
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate on behalf of the Youth Programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Norco, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

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