



2019 WINTER SMALL FRYS & TINY TOTS REGISTRATION FORM

ATTENTION PARENTS/GUARDIANS:

- Single payment or 1st Installment is due at the time of registration
- If you pay by installments, it is your responsibility to make your 2nd payment by the due date. There is an automatic \$30 late fee if you pay after the due date. To avoid the \$30 late fee, contact ARPD Staff to set up automatic payments on your credit card listed below
- Checks payable to ARPD; American Express, Discover, MasterCard, Visa Cards accepted
- Activity withdrawals will be charged a \$15 processing fee

- There is a late fee of \$1 per minute for every minute you are late picking up your child from the program – payable that day.
- No credits, refunds or make-ups are given when your child is absent from the program
- All children must be signed out by an authorized person each day

CHILD'S LAST NAME	CHILD'S FIRST NAME	BIRTHDATE	CHILD'S AGE YRS MOS	STAFF VERIFICATION

Person(s) Authorized To Pick Up Child: _____

Child's Medical Information/Allergies/Dietary Restrictions: _____

PARENTS - PLEASE WRITE IN YOUR 1ST, 2ND & 3RD LOCATION CHOICES:

SMALL FRYS (3-4 YEARS) STARTING KINDERGARTEN - FALL 2020	TINY TOTS (4 YEARS TO PRE-K) - STARTING KINDERGARTEN FALL 2019	
	2 DAYS (T/TH) OR 3 DAYS (M/W/F)	5 DAYS (MONDAY TO FRIDAY)
9:00 AM to 12:00 NOON: _____ GODFREY M/W/F _____ LITTLEJOHN M/W/F _____ McKINLEY T/TH _____ WASHINGTON T/TH _____ WOODSTOCK T/TH _____ BILINGUAL (English/Spanish)	9:00 AM to 12:00 NOON _____ LEYDECKER M/W/F _____ LEYDECKER T/TH _____ McKINLEY M/W/F _____ WASHINGTON M/W/F _____ WOODSTOCK T/TH _____ BILINGUAL (English/Spanish) 12:00 PM TO 3:00 PM _____ McKINLEY M/W/F	9:00 AM to 12:00 NOON <i>For 5 days, select one of the T/TH classes:</i> _____ LEYDECKER T/TH _____ WOODSTOCK T/TH BILINGUAL <i>and combine with one of the M/W/F classes listed below:</i> _____ LEYDECKER M/W/F _____ McKINLEY M/W/F _____ WASHINGTON M/W/F 12:00 PM TO 3:00 PM _____ McKINLEY M/W/F

PARENT/GUARDIAN/MAIN CONTACT INFORMATION:

Last Name _____ First Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Primary Phone _____ Secondary Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name _____ Relationship _____ Phone _____

Emergency Contact (Other Than Parent) _____ Relationship _____ Phone _____

LIABILITY WAIVER

1. Undersigned hereby releases, waives and discharges the city of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.

2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment, including AED machines, or program transportation thereon.

PHOTO CONSENT: Undersigned authorizes the City of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

Check here if you do not give photographic consent.

CONSENT TO TREAT: I hereby give my consent for the City of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.

Check here if I do not consent to treat and I request that medical or surgical services be withheld.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

Parent/Guardian's Signature: _____ Date: _____

Amount Enclosed: \$ _____ Full Payment Split Payment – Please indicate otherwise full payment will be charged

Check / AMEX / Discover/ VISA / MC: _____ CVV _____ EXP DATE _____

For Split Payments: Do you want ARPD Staff to set up automatic payment on your credit card listed above? YES NO

Name on Card _____ Signature _____

Address on Card _____

By signing, I authorize the City of Alameda to charge my credit card for the activity costs listed above.