



Escondido Union School District
Escondido Recreation After School Program
 2016-2017 Application for Enrollment



NORTH BROADWAY

The Escondido Union School District offers after school programming through the City of Escondido for students enrolled at the following elementary schools: **North Broadway and Reidy Creek.**

The Escondido Recreation After School Program is offered Monday – Friday, excluding non-student school days and begins upon school dismissal and ends at 6:00 p.m. This is a drop-in program that costs \$10.00 per child/per day and is only charged when the student attends.

Please complete this form for **every student you wish to enroll** and return it to the Escondido Recreation After School Program staff at your school.

Student's Name: _____ Student ID# _____

Gender: M F School: _____ Grade (Fall 2016): _____ Birth Date: _____

Address: _____ City: _____ Zip Code: _____

List any medications/allergies/medical conditions associated with student: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone (cell): _____ Parent/Guardian's Home Phone: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone (cell): _____ Parent/Guardian's Home Phone: _____

Please list the name(s) of the adults (18 years or older) responsible for picking up your child, picking up your child in case of an emergency, or providing an alternate ride home. **MUST SHOW CURRENT PHOTO ID to pick up student.**

Adult Name: _____ Relationship: _____ Phone: _____

Adult Name: _____ Relationship: _____ Phone: _____

Adult Name: _____ Relationship: _____ Phone: _____

Adult Name: _____ Relationship: _____ Phone: _____

I, _____, understand that each day my child attends the after school program, I will be charged \$10.00. I understand that it is my responsibility to keep my account current and the City of Escondido reserves the right to discontinue services should my account not be paid in full. I understand that the program ends promptly at 6:00 p.m. and I will be responsible for paying any late fee should my child remain in the program after 6:00 p.m. I understand that per school district and program policy, my child must stay in the program until picked up by a parent/guardian or emergency contact listed above. I further agree to abide by all the program rules and requirements as outlined on the supplemental registration form.

 Parent/Guardian Signature

 Date

FOR OFFICE USE ONLY Form received by: _____ Date: _____ Time: _____



CITY OF ESCONDIDO
Community Services Department
201 North Broadway
Escondido, CA 92025-2798
(760) 839-4691

LIABILITY WAIVER
For participants enrolled in
2016/2017 After School Program

Enrollee's Name _____ Grade _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Fax _____ E-mail _____

I agree to indemnify, defend, and hold harmless the City of Escondido, its officers, agents, and employees from any and all loss, damage, liability, cost, or expenses arising out of or resulting from the use of equipment or property owned by or under the control of the City of Escondido whether or not that liability, loss, or damage is caused by or arises out of any act or omissions of the City of Escondido, its officers, agents, or employees.

I also understand that the City of Escondido does not carry insurance to cover participants in the activities in which I, my child, or my ward is participating. I understand there are risks associated with these activities, and I assume the risk of any injuries that I, my child, or my ward may sustain during any of the activities. I forever discharge the City of Escondido, its officers, agents, and employees from any lawsuits, damages, claims, or judgments resulting from any personal injuries or property damages that I, my child, or my ward may sustain while using City property or equipment, or while participating in an activity sponsored by the City of Escondido.

I understand that the City may take photographs/videos for the use in City publications, Web sites, and news releases without my written consent.

I have read the above Waiver/Release of liability and understand it.

Parent's Signature **X** _____ Date _____
(A parent/guardian must sign for their children, 17 & under.)

Print Name _____

Please Note: Qualified individuals with disabilities who wish to participate in Escondido Recreation programs, services, or activities and who need accommodation are invited to present their requests for accommodation to the City by filling out a Request for Accommodation form or an Inclusion Support Form for Minors, or by calling 760-839-4643, preferably at least seventy-two hours in advance of the event or activity. Request forms are available on the city's Web site at www.escondido.org.