



Escondido Union School District • City of Escondido  
**2018/2019 After School Program Registration Form**



## REIDY CREEK

Please **complete one form for each student** and return it to the After School Program staff.

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  M  F Grade (Fall 2018): \_\_\_\_\_ Teacher (Fall 2018): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (for ProCare online account): \_\_\_\_\_

Do you have a custody agreement in place?  No  Yes; if so, please provide a copy to the program staff (all info is confidential)

List any medications/allergies/conditions associated with student\*: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Phone (cell): \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Phone (cell): \_\_\_\_\_ Alternate 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. Per school district policy, students are not permitted to walk home at any time.  
**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: \_\_\_\_\_

Parents must agree to all of the following requirements in order to participate in the After School Program.

**PARENT INITIALS**

I understand that I will be charged \$10.00 per day, per child, and that it is my responsibility to keep my account current. The City of Escondido reserves the right to discontinue services should my account not be paid in full	
The program ends promptly at 6:00 p.m. I am responsible for paying any late fee should my child remain in the program past that time. Any student that has not been picked up by 6:30 p.m. will be escorted home by the police and will immediately be removed from the program for the remainder of the school year.	
I understand that per school district policy, only adults (18 years+) listed on this enrollment form shall be permitted to pick up students. Students are <u>NOT</u> permitted to walk home at any time. A photo ID is required to pick-up students at all times.	
In accordance with Escondido Union School District's (EUSD) personal device policy, students are not permitted to use their personal electronic devices at the ASES Program except in an emergency. This applies to cell phones, mobile devices, and other computing devices.	
A student's inability to follow the program rules as well as acceptable personal and social interactive behaviors could lead to dismissal from the program.	

I acknowledge that I have read and understand the terms and conditions for participation in the After School Program and agree to abide by all stipulations or my child/ward shall be removed from the program.

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

\_\_\_\_\_  
 Date



**CITY OF ESCONDIDO**  
**Community Services Department**  
**201 North Broadway**  
**Escondido, CA 92025-2798**  
**(760) 839-5483**



**LIABILITY WAIVER**  
**For participants enrolled in**  
**2018/2019 After School Program (August 2018-June 2019)**

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** \_\_\_\_\_ **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](http://www.escondido.org).