



ROCK SPRINGS KINDER INTERVENTION

Please **complete one form for each student** and return it to the ASES Program staff at Rock Springs School.

Student's Name: _____ Birthdate: _____

Gender: M F Classroom #: _____ Teacher: _____

Address: _____ City: _____ Zip Code: _____

Email Address: _____

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: _____

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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: _____

Parents must agree to all of the following requirements to participate in the Kinder Intervention Program.

PARENT INITIALS

All students must be signed in no later than 8:00 a.m. or 7:30 a.m. if having breakfast. A maximum of ten (10) late arrivals are allowed for the entire school year. On the eleventh (11th) late pick up, the student will be removed from the program for the remainder of the school year.	
Students must attend the program everyday they attend school. Students that are absent from the program must provide proper documentation for the excused absences upon return. A maximum of one (1) month is permitted to clear any unexcused absences. Students with five (5) unexcused absences will be removed from the program.	
In accordance with Escondido Union School District's (EUSD) personal device policy, students are not permitted to use their personal electronic devices at the 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.	
Enrollment in the Kindergarten Intervention Support Program is a privilege and may be revoked for noncompliance of program rules.	

I acknowledge that I have read and understand the terms and conditions for participation in the Kinder Intervention Program at Rock Springs School 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 Kinder Intervention 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.