



**City of El Cerrito Recreation Department
& Portola Middle School
2007-2008 Portola Middle School After-School Program**

Please complete one form per student. Please Print. (Information is confidential)

STUDENT'S NAME _____ **DATE OF BIRTH** ___/___/___

(First & Last)

SEX: M F **Grade 2007/2008** _____ **STUDENT SCHOOL ID #** _____

**PARENTS/
GUARDIANS NAMES** _____ **HOME PHONE ()** _____

ADDRESS _____ **WORK PHONE ()** _____

CITY _____ **ZIP** _____ **CELL PHONE ()** _____

PARENT'S E-MAIL _____

PROGRAM DETAILS:

1. **This program is offered for FREE and is for Portola Middle School Students only.**
2. The signup packet must be completed in full and returned to the After School Program staff before students can join (there will also be a drop-off box in the school office & El Cerrito Community Center).
3. Students must report to the cafeteria by 2:50pm and 1:45pm on Wednesdays or have a written excuse from parent, teacher or school office.
4. Students may be dropped from program if they do not follow WCCUSD & City of El Cerrito policies & procedures.
5. If contact information is not correct and we are unable to contact parent or guardian your student will be dropped from the program.
6. All students will be expected to stay in the program until their parent/guardian signs them out or the student has permission from a parent to walk home or public transportation.

AGREEMENTS:

PLACE AN "X" NEXT TO YOUR CHOICE:

MY CHILD WILL NEED THE PROGRAM ON THE FOLLOWING DAYS:

___ Mondays ___ Tuesdays ___ Wednesdays ___ Thursdays ___ Fridays

MY CHILD CANNOT LEAVE THE PROGRAM UNTIL :

___ 3:00PM (Snack only or minimum days) ___ 4:00 PM ___ 4:30 PM ___ 5:00PM
___ 5:30 PM ___ 6:00PM

MY CHILD WILL:

___ WALK HOME ___ BE PICKED UP ___ TAKE PUBLIC TRANSPORTATION

1. If I arrive later than the dismissal time of the After-School Program or am unable to pick up my child after The After School Program, my child has my permission to follow the procedures

Initial below:

___ I give my child permission to walk or use public transportation, unsupervised, to return home.

___ I give my child permission to accept a ride from friends and/or relatives.

Cont. on back

Agreement Cont.

2. If my child is still at the school by 6:15pm, I understand and agree that he/she will be escorted to the El Cerrito Community Center Front Office (7007 Moeser Lane) to wait for their ride home from there.
3. I also understand that if I have not made arrangements for my child to be picked up by 7:00pm (one hour from dismissal time) the police will be contacted to pick my child up and proceed with the El Cerrito Police Department Policies and Procedures.
4. As parent/guardian, I understand that The City of El Cerrito and its activity providers will not be responsible for my child's safety before and/or after the afternoon activities in the After-School Program. Therefore, I agree that I will be responsible for my child's transportation from the school each day at the end of activities in which he/she is enrolled through the City of El Cerrito for the Portola After-School Program. I further understand that the City of El Cerrito and its activity providers are not responsible for my child if they fail to arrive to the after-school program or leave campus after-school.
5. As parent/guardian, I understand and agree that the Administration of the After-School Program has the right to dismiss my child from any given activity if my child fails to uphold the Pledge of Honor by being disrespectful, disruptive, and/or behaving in a manner that is unsafe for the other students enrolled in the activity. The City of El Cerrito and its activity providers agree that you will be notified if your child is dismissed from any activity.
6. As parent/guardian, I understand and accept that use and/or possession of alcohol, illegal substances, or weapons are expressly forbidden during any activities of the After-School Programs. Failure to comply will result in a student's immediate dismissal from any and all activities in the After-School Program and the El Cerrito Police Department will be notified and proceed with Police Department Policies and Procedures.
7. I give my permission to The City of El Cerrito and its activity providers to take and/or use without limitation or obligation, photographs, film footage, or tape recording of my child participating in the After-School Program for purposes of promoting the After-School Programs and providing information about the activities sponsored by The City of El Cerrito.

Parent's/Guardian Signature

Date

Pledge of Honor

Student's name (please print) _____
(first & last name)

As a student taking part in the Portola Aces After-School Program:

- 1. I can and will be respectful of others & myself. Through my actions, I will help to keep us safe.**
- 2. I will commit to being part of the activities I am enrolled in.**
- 3. I will participate, will be involved, and will regularly attend.**
- 4. I can and will take responsibility for my own actions. I will not place blame on others.**

By signing this Pledge, I agree that I will follow this Pledge. If I do not follow this Pledge, I understand that I may be asked to leave an activity or program and that my parent(s) or guardian will be contacted (verbally or written).

Student's Name (please print) _____

Student's Signature _____

Date: _____

As a parent/guardian of a student enrolling in the El Cerrito Recreation Department & Portola Middle School After-School Program, I agree that I will encourage my student to uphold this Pledge and to regularly attend the activities/program in which he/she participates.

Parent's/Guardian's Name (please Print) _____

Parent's/Guardian's _____

Date _____

CITY OF EL CERRITO RECREATION DEPARTMENT

EMERGENCY AND IDENTIFICATION INFORMATION

To Be Completed by Parent or Guardian

Child's Name	Child's Birthdate	
Home Address	Home Phone	
Mother's/Guardian's Name Phone/Cell Phone	Place of Employment	Work
Father's/Guardian's Name Phone/Cell Phone	Place of Employment	Work
Person Responsible for Child		
Other Pertinent Address Mother, Guardian) <i>(if different from child's home address and phone)</i>	Home/Work/Cell Phone	Name/Relationship (ie.Father,

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY ADDITIONAL PERSONS TO BE CALLED IN AN EMERGENCY

(Child will not be allowed to leave with any other person without written authorization from parent/guardian. Persons unknown to staff must show ID when picking up child)

Name Relationship to Child	Address	Home Phone/Work Phone/Cell Phone

MEDICAL EMERGENCY INFORMATION

Please Review our Program Emergency Procedures in the Program Information Packet

If a medical emergency occurs, 911 will be called. Is there any information that the Paramedic should be aware of :

Hold Harmless Agreement: As the parent/guardian of (name of child) _____, I recognize and acknowledge that there are certain risks inherent to my child's participation in the El Cerrito recreation program, including the risk of injury to my child. I hereby agree to assume those risks. Towards that end, I hereby release in advance the City of El Cerrito, its officers, employees, agents and volunteers from any and all liability to me or my child arising out of, or connected in any way with, my child's participation in the recreation program, even though that liability may arise out of the negligence or carelessness of the City of El Cerrito, its officers, employees, agents and volunteers. Additionally, I hereby agree to indemnify the City of El Cerrito, its officers, employees, agents and volunteers against any liability, loss damage, expense and costs of every nature arising out of, or in connection with, my child's participation in the aquatics program. I have read and fully understand the terms of this Waiver, Release and Indemnity.

Signature of Parent/Guardian

Date