



CYC After School Application 2019-2020

Physical: 215 E. Pima Road, Old Town Cottonwood

Mailing: 150 S 6th St, Cottonwood, AZ 86326

Today's Date _____

Child's Information

Name _____

(First)

(Middle Initial)

(Last)

Birth Date _____ Grade _____ School _____

(Ex. 99/99/9999)

Parent/Guardian Information

Mother/Guardian Name _____

(First)

(Middle Initial)

(Last)

Address _____

City _____ State _____ Zip _____

Email address _____

Phone # (Home) (____) _____ (Cell) (____) _____

Father/Guardian Name _____

(First)

(Middle Initial)

(Last)

Address _____

City _____ State _____ Zip _____

Email address _____

Phone # (Home) (____) _____ (Cell) (____) _____

Emergency Contact Name: _____

<u>Half Days</u>	1 st Child/ 2 nd Child -15%	<u>Full Days</u>	1 st Child/ 2 nd Child -15%
1 Week	\$ 45.00	Holiday/ 1 week	\$ 95.00
1 Month	\$ 150.00	Holiday/ 2 weeks	\$150.00
Drop in	\$ 12.00	Holiday/Drop in	\$22.00

Transportation: My Child will come from CCS MVP DDB CJS MONT AHS Desert Star (Other _____)

Child must be signed out of program daily by an Authorized Adult: A \$5 LATE FEE will be assessed for every 15 minutes past 6 p.m. for late pick-up

In exchange for Participant's participation in the City of Cottonwood CYC After School Program, Participant, Parent(s) and /or Legal Guardian(s) of a minor Participant, agree as follows:

1. Photos

I give permission for my child to be videotaped or photographed by the City of Cottonwood employees or established area media for the free use of my child's name and picture for site activities or should they appear in broadcasts, newspapers, or city brochure etc. _____ (Initial)

2. Participant Waiver of Rights and Release of Liability

Participants, all parents and /or legal guardians, hereby releases, waives and discharges the City of Cottonwood, its employees and agents from liability claims and demands of negligence on the part of the City of Cottonwood, its employees and agents arising in connection with participation in Cottonwood After-School Program activities and use of City of Cottonwood facilities and equipment. _____ (Initial)

3. Identification and Hold Harmless

Participant, Parent(s) and/or Legal Guardian(s), further agrees to indemnify and hold harmless the City of Cottonwood, its employees and agents, against all losses, damages, monetary awards and expenses, including all costs and attorneys' fees, incurred in connection with any and all claims of negligence on the part of the City of Cottonwood, its employees and agents, brought by Participant, Parent(s) and/or Legal Guardian(s), his or her heirs, successors, assigns, and legal representatives, for any injury, death, illness, disease, or damage to property, arising from or connected with participation in any activity of the Cottonwood After-School Program. _____ (Initial)

4. Drop-in Program

The City of Cottonwood's After-School Program is a Drop-in program. Participants are allowed to sign themselves in and out as they please. The City of Cottonwood's Parks and Recreation Department recommends that participants only leave when signed out by an authorized person or parent. _____ (Initial)

5. Discipline

*The staff will implement an assertive discipline program. Children involved in our program are expected to follow the rules and directions of the After-School Program staff. The following are guidelines used when disciplinary action becomes necessary due to unacceptable behavior. Parents will be notified daily if their child needed guidance or discipline. The course of action is outlined as: 1. Warning-for specific unacceptable behavior, 2. Time-Out-with a warning of future consequences for repeated behavior, 3. Time-Out with a call to parent or guardian and a write-up. Discuss corrective action & consequences for future incidents with parent upon pick-up,4. Time-Out with a call to parent or guardian and a write-up. Discuss corrective action & consequences for future incidents with parent upon pick-up, and 5. Suspension-1-2 scheduled days from the program and/or the remainder of the day. *Repeated aggressive/inappropriate behavior with 3-5 suspensions will result in removal from program with approval from Coordinator and Supervisor. No refunds for participants being suspended from the CYC. _____ (Initial)*

6. Library Card

Camp participants must have a library card. If participants don't have a library card, we suggest that the parents of participants sign up for a card before the camp starts. _____ (Initial)

7. City Vehicles

I give permission for my child to be transported via City Vehicles by a staff member who is 21 or older with a clean driving record. _____ (Initial)

I CERTIFY THAT I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY; INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND THAT I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL RESPONSIBILITIES BY SIGNING IT, AND THAT I SIGN IT VOLUNTARILY. I HAVE ALSO READ AND AGREE TO THE DISCIPLINE POLICY, PHOTO WAVIER AND DROP-IN PROGRAM POLICY.

Parent/Legal Guardian

Signature

Immunization Record Card Information

Medical Insurance Carrier _____ Policy # _____ Phone _____

Physician's Name _____ Phone _____

Allergies (if yes please list) _____

Allergies to food (if yes please list) _____

Medications (if meds are being taken while at CYC, you must fill out a medications form and turn it into the Parks and Recreation Office)

Medication #1 _____ Reason for Med _____

Medication #2 _____ Reason for Med _____

Immunizations: Please attach a photocopy of your immunization record to the back of this form.

Date of last tetanus shot _____ Is your child up to date on all immunizations? (Y) _____ (N) _____

Has participant had any injury, illness, infection, disease, restrictions, condition, surgery, seizures, mental, physical, emotional, behavioral conditions (or other special needs/information we should be aware of)? Please list

Permission to provide necessary treatment of emergency Care: I hereby give permission to the first aid/medical personnel selected by CYC to order X-Rays, routine tests, treatment: to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the CYC to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian _____

Date _____

This must be completed and returned in order for your child to participate in the After School Program!

Participants Name: _____

CYC After School Program Medication Form

Request for medication to be given during CYC After School Program (to be completed by Parent/Guardian)
Please notify the Parks and Recreation office to notify if your child has medication that they will be required to take while at CYC After School Program! Thank You!

NOTE: We are unable to give any prescribed or over the counter medication that is not in the original prescription bottle. We are required to give medication as directed on the label unless a written prescription or letter addressed to us and signed by your child's doctor is provided.

Name of Medication #1: _____

Dose Prescribed: _____

Time(s) Given: _____

Reason for taking Med: _____

Name of Medication #2: _____

Dose Prescribed: _____

Time(s) Given: _____

Reason for taking Med: _____

Name of Medication #3: _____

Dose Prescribed: _____

Time(s) Given: _____

Reason for taking Med: _____

I request that my child _____, be given/allowed to take the prescribed medication listed above while she/he is at CYC After School Program.

Date: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Signature of Parent/Guardian: _____

Pick-Up Release Form for

CYC Youth Programs

Student Name: _____

School: _____

Guardian's Name: _____

Phone Number: _____

I hereby grant permission for the following individuals to pick up my child from the Cottonwood Youth Center's programs and allow for them to be contacted in an emergency:

(1.)

Name: _____

Phone Number: _____

Relationship with Student: _____

(2.)

Name: _____

Phone Number: _____

Relationship with Student: _____

(3.)

Name: _____

Phone Number: _____

Relationship with Student: _____

Parent or Guardian Signature: _____

Date: _____