



**SPOT AFTER SCHOOL PROGRAM REGISTRATION PACKET  
2017-2018 SCHOOL YEAR**

Complete this form and registration packet and return it with a \$100.00 non-refundable registration fee to **Hercules Community/Swim Center, 2001 Refugio Valley Road, Hercules, CA 94547.**

One registration packet required per child.

Child's Name \_\_\_\_\_ Grade 2017-18 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ (Invoices will be sent only by email.)

I have received, read, and understand all information contained in the SPOT After School Program Registration Packet for the 2017-2018 School Year. I understand the SPOT After School Program may be cancelled if a minimum enrollment of 12 children is not reached each billing cycle. I understand the SPOT After School Program is a recreation enrichment program and not a licensed child care program. I understand I must present legal document to the program supervisor regarding any custody issues with my child, if it means the child's parent may not have contact with the child.

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

**Be sure to review and sign the following:**

- \_\_\_ Participant Emergency Form
- \_\_\_ Liability Waiver
- \_\_\_ Participant Code of Conduct (participant signature required)
- \_\_\_ Activity Permission
- \_\_\_ General Program Policies
- \_\_\_ Automatic Credit Card Payment Authorization

**Activity Registration Code: 66110**

**Registration Fee Code: 66110-a**

Fees charged on a 4 week billing cycle.

-----Staff Use Only-----

Registration paid: DATE \_\_\_\_\_ CASH\$ \_\_\_\_\_ CC \_\_\_\_\_ CHECK # \_\_\_\_\_ REC'D \_\_\_\_\_

## Program Attendance Options

<u>Monthly Cycles</u>	<u>Circle what 3 days needed</u>	<u>Circle what 4 days are needed</u>	<u>Circle for all 5 days</u>
<b>Cycle B</b> *2 Weeks* 8/21/17-9/1/17	M T W TH F	M T W TH F	5 DAYS
<b>Cycle C</b> *Labor day 9.4.17* 9/4/17-9/29/17	M T W TH F	M T W TH F	5 DAYS
<b>Cycle D</b>	M T W TH F	M T W TH F	5 DAYS
<b>Cycle E</b> *Veterans Day 11.10.17* *Thanksgiving 11.23 &24	M T W TH F	M T W TH F	5 DAYS
<b>Cycle F</b> *Winter Recess 12.18.17-1.1.18 Return Tuesday	M T W TH F	M T W TH F	5 DAYS
<b>Cycle G</b> *MLK Day 1.15.18	M T W TH F	M T W TH F	5 DAYS
<b>Cycle H</b> *President's Week Recess 2.19.18-2.23.18 You're not charged for this week	M T W TH F	M T W TH F	5 DAYS
<b>Cycle I</b> *Spring Break 4.2.18-4.6.18 You're not charged for this week	M T W TH F	M T W TH F	5 DAYS
<b>Cycle J</b> *Memorial Day 5.28.18	M T W TH F	M T W TH F	5 DAYS
<b>Cycle K</b> *Last day of school 6.7.2018	M T W TH F	M T W TH F	5 DAYS

## Program Fees

<b>3 Day Option</b>	<b>Dismissal-5:30</b>	<b>\$250 RES/\$312 NR</b>
<b>4 Day Option</b>	<b>Dismissal-5:30</b>	<b>\$319 RES/\$397 NR</b>
<b>5 Day Option</b>	<b>Dismissal-5:30</b>	<b>\$379 RES/\$473 NR</b>

**SPOT AFTER SCHOOL PROGRAM 2017-2018 SCHOOL YEAR  
PARTICIPANT EMERGENCY FORM**

**PARTICIPANT INFORMATION**

Participant's Name		Grade in 2016/17	Age
Home Address	City		Zip
Date of Birth	School child attends in 2016/17		

**PARENT/GUARDIAN INFORMATION – Authorized for emergency contact**

Guardian #1		Cell Phone
Address		Work Phone
City	Zip	Home Phone
Email		Employer
Relationship to Child		

Guardian #2		Cell Phone
Address		Work Phone
City	Zip	Home Phone
Email		Employer
Relationship to Child		

**NAMES OF ALL PERSONS 18 OR OLDER WHO MAY PICK UP CHILD OR BE CALLED IN AN EMERGENCY**

Name	Relationship to Child	Daytime Phone	Emergency		Pick up	
			Yes	No	Yes	No

**MEDICAL INFORMATION: Physician/Dentist to be called, if needed. 911 will be called when necessary.**

Physician Name	Phone
Dentist Name	Phone
Local Hospital Preferred for Emergency Treatment	
Medical Insurance Provider	Medical Insurance #
Medication Child Currently Taking	
Allergies/Dietary Restrictions	
Other concerns/behavior issues	

By signing below, I acknowledge the above information is correct, that I am the participant's legal guardian, that I understand I am required to complete a new Emergency Form if any of the above information changes while my child is enrolled in the program, and that I understand emergency medical personnel will be contacted for assistance when deemed necessary by the City of Hercules.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE OF LIABILITY WAIVER – SPOT AFTER SCHOOL PROGRAM 2017-2018 SCHOOL YEAR**

To the greatest extent permitted by law, the undersigned shall hold harmless, defend and indemnify the City of Hercules and its subordinate and affiliated agencies, officers, officials, employees, sponsors and volunteers (collectively "Indemnities") from and against any and all liability, loss, damage, expense and costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with the participation by any of the listed Participants in any activity for which such Participant is being registered, except such loss or damage which is caused by the sole negligence or willful misconduct of the Indemnities. Furthermore, I hereby agree that I, my successors and assignees will not make claim against, sue, attach the property of, or prosecute any of the Indemnities for any injury, liability, loss, damage, expense or costs arising out of or resulting from the participation by any of the listed Participants in any activity for which such Participant is being registered. If any Participant named is a minor, I certify that I am the legal parent or guardian of the participant or otherwise authorized to execute this form on his/her behalf, that he/she is in good physical condition, and I give my permission for him/her to participate in the program activities. I hereby grant permission to the City to take my or the Participant's photo while participating in City activities or programs to use for publicity. One authorized parent/guardian may sign for all minors. I understand that I am authorized to sign this form on behalf of all Participants listed.

**Participant's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARTICIPANT CODE OF CONDUCT**

1. As a member of this program, I will abide by all policies of the Teen Program.
2. I will act with respect to other Teens and Staff.
3. I will be considerate to other Teens and Staff.
4. I will keep my language and gestures respectful and appropriate.
5. I will not bully any members of the Teen Center and understand there is zero tolerance for such behavior.
6. I will keep my hands and feet to myself at all times.
7. I will comply with all Teen Center rules.
8. I will seek assistance from the staff with conflicts that arise at the Teen Center
9. I understand that I will be held financially responsible for damage to the facility, furniture and games.
10. I understand that failure to comply with this Code of Conduct may result in my loss of privileges, suspension or permanent expulsion from the program.
11. I understand that when I leave the Teen Program, I will leave the site and cannot re-enter after the specified time on that day.

**Consequences for Violation of the Code of Conduct:**

This code shall be in force for all SPOT members during the afterschool program, as well as all teen camps. Disciplinary actions can range from, but is not limited to reprimands, behavior reports, being sent home from the Teen Center at the parents' expense, suspension from the program, and expulsion from the Teen Center.

***I have read the above code of conduct and agree to comply with the outlined policies and conduct.***

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## ACTIVITY AND EXCURSION PERMISSION

### Field Trips/Offsite Activities

The SPOT after school program may go on excursions to local parks, schools, shopping centers, restaurants, and other points of interest during the program. I hereby give my permission for my child, \_\_\_\_\_, to attend offsite activities. I understand some trips will be within walking distance and others may require transportation including being transported in City vans driven by City staff or on WESTCAT. Parents will be notified in advance of the destination and type of transportation for any offsite excursion.

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

## GENERAL PROGRAM POLICIES

1. Payments: All payments are due on the 1<sup>st</sup> of each month. A late payment fee of \$30.00 will be assessed on the 2<sup>nd</sup> of the month if payments are not made by the due date.
2. Late Pick-Up: \$2.00 per minute, per child, if child is not picked up by 5:30pm.
3. Billing Issues: The City will not contact any other person except the parent/guardian on the Registration Form regarding billing issues.
4. Electronics: Electronics of any kind are strictly prohibited at the site or during the program and the City is not responsible for any damaged, lost, broken, or stolen electronics or devices.
5. Credit Card Fee: \$2.00 per every \$100.00 will be charged when paying by a credit card in person or 2% of total amount if paying online.
6. Attendance Policy: There are no credits or pro-rated fees if your child is absent for a day of camp. The City does not grant make-up days or give credits for missed camp days.
7. NSF check payments: There is a \$36.00 charge if a payment check is returned due to insufficient funds. All returned checks must be cleared with cash or credit card (credit card fee will be applied). If a household has 2 or more returned checks within one calendar year, all future payments must be made via cash or credit card.
8. If there are any custody issues or restraining orders in regards to another person not being able to have contact with my child, the information should be noted on the child's Emergency Form and documentation must be provided to the City.

I acknowledge I have read the above program policies and understand the terms set forth by the City of Hercules.

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

For program information or questions, please contact the Hercules Parks & Recreation Department at **(510) 799-8291** or contact one of the following teen program staff:

- Tish Heffley, Recreation Leader III, (510) 799-8289
- Jeff Jew, Recreation Coordinator, (510) 799-8295

**AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION**

The City of Hercules accepts, Visa, MasterCard, and Discover for credit card payments. If you wish to have your payment deducted automatically from your credit card, please sign and return this form when registering your child for the SPOT After School Program for the 2016-2017 School Year. Credit card transactions will be assessed a fee of \$2.00 for every \$100.00 charged.

This automatic payment form is for the SPOT After School Program, 2016-2017 School Year, program only. This does not give the City of Hercules permission to register your child into any other activities or programs the City offers. If you have changes to your credit card, you are required to submit a new Automatic Payment Authorization Form.

I authorize the City of Hercules to automatically charge my credit card on file for the SPOT After School Program 2016-2017 School Year program fees.

Parent/Guardian (Print Name) \_\_\_\_\_

Child's Name	Fee	_____
Child's Name	Fee	_____
Child's Name	Fee	_____

**4 week billing cycle fee** \_\_\_\_\_ **+ Credit Card Fee =** \_\_\_\_\_

Credit Card Type  Visa  MasterCard  Discover

Name as it appears on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:**

Hercules Community/Swim Center  
2001 Refugio Valley Road, Hercules, CA 94547  
(Monday-Thursday, 10am-6pm)

## BILLING SCHEDULE 2016-2017 School Year

Reminder: **ALL PAYMENTS** are due on the 20th of the month, unless noted otherwise.

Payments are considered LATE on the 21st of the month and are subject to a \$30 late fee. Speak to Teen Center staff if you have questions on closure dates. Holiday are days you still pay for even if your child isn't here. Subject to changes based on the Parks & Recreation Department Master Fee Schedule.

Billing Cycle	Begin Date	End Date	Due Date
<b>B</b> 2-week cycle	08/21/17	09/01/17	08/20/17
<b>C</b> 4-week cycle *Labor Day 9/4/17	09/04/17	09/29/17	09/20/17
<b>D</b> 4-week cycle	10/02/17	10/27/17	10/20/17
<b>E</b> 4-week cycle *veterans Day 11/10/17 *Thanksgiving 11/24 and 11/25/16	10/30/17	11/24/17	11/20/17
<b>F</b> 3- week cycle *Winter Recess-12/18/17 -1/1/18. You're not charged for these 2 weeks. *New Year's Day 1/1/18 Return On Tuesday 1/2/18	11/27/17	01/05/18	12/20/18
<b>G</b> 4 -week cycle *MLK Day 1/15/18	01/08/18	02/02/18	01/20/18
<b>H</b> 4- week cycle *President's Week 2/19/18-2/23/18 You're not charged for this week.	02/05/18	03/09/18	02/20/18
<b>I</b> 4-week cycle *Spring Break 4/2/18-4/6/18 you are not charged for this week	03/12/18	04/13/18	03/20/18
<b>J</b> 3-week cycle *Memorial Day 5/28/18	04/16/18	05/11/18	04/20/18
<b>K</b> 4-weeks Last Day of School Thursday 6/7/18	05/14/18	06/07/18	05/20/18