

# CITY OF PINOLE TINY TOTS PROGRAM

## REGISTRATION AND EMERGENCY FORM

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Child's Name (Required): \_\_\_\_\_

Date of Birth (Required): \_\_\_\_\_

Parent/Guardian's Full Name (Required): \_\_\_\_\_

Address (Required):

Street:

Address Line 2:

City, State, Zip:

Phone (Required): (     )     -     \_\_\_\_\_

Email (Required): \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION OTHER THAN PARENTS/GUARDIANS

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*(PLEASE INCLUDE BABYSITTER IF CARING FOR CHILD DURING THE WEEK)*

1. Name (Required): \_\_\_\_\_

Relationship to child (Required) : \_\_\_\_\_

Home Phone (Required): (     )     -     \_\_\_\_\_

Mobile Phone (Required): (     )     -     \_\_\_\_\_

2. Name (Required): \_\_\_\_\_

Relationship to child (Required): \_\_\_\_\_

Home Phone (Required): (     )     -     \_\_\_\_\_

Mobile Phone (Required): (     )     -     \_\_\_\_\_

### List names and phone numbers of adults (other than parents/guardians) authorized to pick up your child.

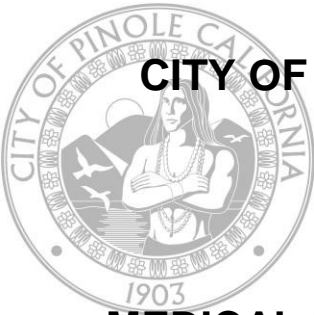
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1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_



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## MEDICAL INFORMATION

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Medical Carrier (Required): \_\_\_\_\_

Doctor (Required): \_\_\_\_\_

Doc. Phone (Required): (      ) - \_\_\_\_\_

Allergies/Food restrictions (Required - Select at least one option):

Yes

No

If Yes, please list:

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Other Necessary Medical Information (Include information and medications):

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## REFUNDS

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*Refunds are not granted unless two weeks' written notice is provided (You will be financially responsible for the two weeks after notice is provided.) OR if this activity is canceled by the City of Pinole.*

Initial (Required): \_\_\_\_\_

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## CITY OF PINOLE TINY TOTS PROGRAM

### **Completion of this Release Form is a prerequisite for participation in City of Pinole Recreation activities**

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Consent to Treat: I hereby give my consent for the City of Pinole staff and instructors to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense. If a physician is listed above, every effort will be made to contact such physician. However, the location of the activity or the nature of the injury or illness may require the use of emergency medical personnel.

I do not give my consent to treat and I request that medical or surgical services be withheld.

Photo Consent: By signing this registration form, you authorize the City of Pinole to use your name (or child's/ward's name) and/or photograph in any future educational and/or community informational purposes, either printed or otherwise (including, but not limited to, use on the city's website and on its public television station) produced by the City of Pinole. Further, there is no monetary compensation for this consent.

Check here only if you do not give photographic consent.

**Liability Waiver:**

1) I understand that my (or my child's) participation in City of Pinole Tiny Tot activities may involve the risk of harm.

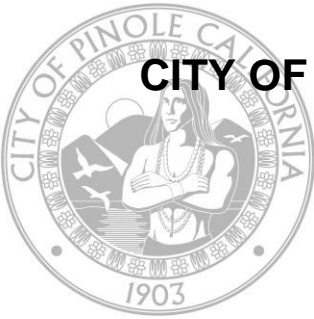
2) With knowledge of the potential risks involved, I hereby release and discharge the City of Pinole or City of Pinole officials, officers, employees, agents, volunteers, or appointees, including, without limitation, appointees sitting as Youth Commission Members, Community Services Commission Members, Pinole Area Senior Foundation Board Members or Pinole Youth Foundation Board Members ("Indemnitees"), from any and all claims arising from my participation in City of Pinole Recreation Department activities, except when such claims arise from the gross negligence or willful acts of the Indemnitees.

3) I hereby certify that I (or my child) is physically and mentally capable of participating in Pinole Recreation activities at or sponsored by the City of Pinole.

**Parent/ Guardian Name  
(Required):** \_\_\_\_\_

**Signature (Required):** \_\_\_\_\_

**Date (Required):** \_\_\_\_\_



# CITY OF PINOLE TINY TOTS PROGRAM REGISTRATION AND EMERGENCY FORM

## Names and Ages of Siblings

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Name/Age: \_\_\_\_\_

Name/Age: \_\_\_\_\_

Name/Age: \_\_\_\_\_

Name/Age: \_\_\_\_\_

Has your child had any group experience? (Required - Select at least one option):

Yes

No

If yes, please list:

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Which hand does your child favor?:

Right

Left

Other

If Other, please explain: \_\_\_\_\_

May we include your child's name, address, and phone number on a class list? (Required)

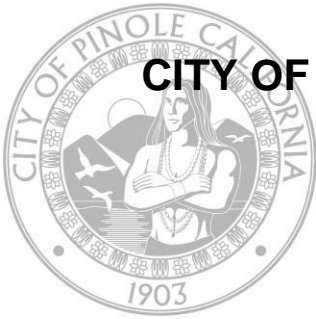
Yes

No

Would you like to find out more information about making a tax deductible donation to the City of Pinole's Recreation Department?:

Yes

No



# CITY OF PINOLE TINY TOTS PROGRAM REGISTRATION AND EMERGENCY FORM

**How did you learn about the Pinole Tiny Tot Program? (Required - Select at least one option):**

- City Website
- Pinole Community Guide
- Family/Friend
- Other

If Other, please explain: \_\_\_\_\_

## CHARGES FOR LATE PAYMENT AT PINOLE TINY TOTS

**\*\*Fall –Spring Program Only\*\***

Please refer to the summer information sheet for summer session late payment fees.

Monthly tuition payments are due on the 1st of each month. Payment is considered late if made after the 7th of the month.

Late payments will be charged the following fees:

Payments made after the 7th day of the month must include a late fee of \$14.00.

Payments made after the 15th day of the month must include a late fee of \$44.00.

If payment is not made by the end of the month in which it was due, your child will not be able to continue in the program until tuition and all late fees are paid. If payment arrangements have not been made by this time, your child's spot may be given to a child on the waitlist.

## Charges For Late Pick-Up From Tiny Tots

***The following charges will be assessed for any child not picked by their parents or other authorized adult within 10 minutes from the end of class ("the pick-up period"):***

**\$23.00** for the next 15 minutes after the pick-up period.

**\$23.00** for every 10 minutes or fraction thereof afterwards

Late charge fees are due within one week of the late pick-up.

- I have read the above and understand all charges. I am the party responsible for all financial obligations with Pinole Tiny Tots regarding the child named below.

**Name/Relationship to Child (Required):** \_\_\_\_\_

**Signature (Required):** \_\_\_\_\_

**Date (Required):** \_\_\_\_\_

**Child's Name (Required):** \_\_\_\_\_