



2024 FALL TINY TOTS REGISTRATION FORM

- Single **OR** 1st Installment Payment is due at the time of registration.
- If you pay by installments, it is your responsibility to make your installment payment(s) by the due date. There is a \$30 late fee if you pay after the due date. Set up automatic payments with your credit card to avoid the \$30 late fee. Email ARPD Staff for assistance.
- Checks (payable to ARPD), American Express, Discover, MasterCard and VISA are accepted.
- Activity withdrawals are charged a \$20 processing fee.

ATTENTION PARENTS/GUARDIANS:

- A \$1 per minute late fee per child will be charged for every minute you are late picking up your child – payable that day.
- No credits, refunds or make-ups issued when your child is absent from the program.
- All children must be signed out by an Authorized Person each day.

CHILD'S INFORMATION

CHILD'S LAST NAME:		CHILD'S FIRST NAME:		
GENDER:	BIRTHDATE:	AGE:	YRS	MOS
LIST FIRST & LAST NAME(S) OF AUTHORIZED PICK-UP PERSON(S):		LIST CHILD'S MEDICAL INFORMATION / ALLERGIES / DIETARY RESTRICTIONS:		

PLEASE MARK CLASS(ES) YOU ARE REGISTERING FOR:

<input type="checkbox"/> M/W/F – 9:00 AM-12:00 PM GODFREY - #24847	<input type="checkbox"/> M/W/F - 9:00 AM-12:00 PM McKINLEY - #24855	<input type="checkbox"/> M/W/F - 9:00 AM-12:00 PM WOODSTOCK - #24858
<input type="checkbox"/> T/TH – 9:00 AM-12:00 PM GODFREY - #24849	<input type="checkbox"/> T/TH – 9:00 AM-12:00 PM McKINLEY - #24857	<input type="checkbox"/> T/TH - 9:00 AM-12:00 PM WOODSTOCK - #24860
<input type="checkbox"/> M/W/F - 9:00 AM-12:00 PM LEYDECKER - #24853	<input type="checkbox"/> M/W/F - 12:00 PM – 3:00 PM McKINLEY - #24856	
<input type="checkbox"/> T/TH – 9:00 AM-12:00 PM LEYDECKER - #24854	<input type="checkbox"/> T/TH - 12:00 PM – 3:00 PM McKINLEY - #26726	

PARENT/GUARDIAN INFORMATION:

LAST NAME:		FIRST NAME:		BIRTHDATE:
ADDRESS:			CITY:	ZIP:
PRIMARY/CELL PHONE:	SECONDARY PHONE:	EMAIL ADDRESS:		
EMERGENCY CONTACT:		RELATIONSHIP TO PARTICIPANT:	PHONE:	
EMERGENCY CONTACT (OTHER THAN PARENT):		RELATIONSHIP TO PARTICIPANT:	PHONE:	

LIABILITY WAIVER

1. Undersigned hereby releases, waives and discharges the City of Alameda, its officers employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from any personal injury, communicable diseases, illnesses, and viruses and/or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its officers, employees, agents, and independent contractors.
2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents, volunteers and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or **while using the premises or facilities or equipment, including AED machines, or program transportation thereon.**

CONSENT TO TREAT: I hereby give my consent for the City of Alameda staff 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.

Check here if I **DO NOT** consent to treat and I request that medical or surgical services be withheld.

WELLNESS CHECK: I hereby confirm that my child has not had a fever of 100 degrees or above, shown signs of respiratory illness (cough, sore throat or shortness of breath), or been in close contact with a person who has COVID-19 for at least 14 days prior to the start of the program. I hereby give my consent for the City of Alameda staff to take my child's temperature before the start of programs each day and understand that my child must stay home if my child has a fever of 100 degrees or above or exhibits signs of respiratory illness and can return to the program only when symptoms improve, there is no fever for 72 hours without the use of fever-reducing medicine, and at least ten days have passed since illness onset.

PHOTO RELEASE: I understand that photographs may be taken of me or my child during the course of said activity, and that these photographs may be used in the City of Alameda publications, including but not limited to recreation brochures, the City's website, and the City's Facebook page or other City social media sites.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Amount Enclosed \$ _____ FULL PYMT / 2 PYMTS / 4 PYMTS – *Please indicate otherwise full payment will be charged.*

For 2 OR 4 Payments: Do you want ARPD Staff to set up auto payments on your credit card listed below? YES NO

CHECK / AMEX / Discover / VISA / MASTERCARD #: _____ CVV # _____ Exp. Date _____

Name on Card _____ Signature _____ Address on Card _____

By signing, I authorize the City of Alameda to charge my credit card for the activity costs listed above.