Alameda Recreation and Park Department
2226 Santa Clara Avenue, Alameda, CA 94501
(510) 747-PLAY • www.alamedaca.gov/recreation
E-Mail: arpd@alamedaca.gov • Like us on Facebook: playARPD

SMALL FRYS AND TINY TOTS REGISTRATION FORM

- Single payment or 1st Installment is due at the time of registration
- If you choose to pay by installments, it is your responsibility to pay the next installment by due date; payments made after due date will be automatically charged a $30 late fee
- Please make checks payable to ARPD; Discover, MasterCard, Visa Cards accepted
- All registrations receive confirmation
- Activity withdrawals will be charged a $15 processing fee; the remainder of your fee will be placed on your ARPD account for any future ARPD program

PARENTS/GUARDIANS, PLEASE NOTE:

- **There is a late fee of $1 per minute for every minute you are late picking up your child from the program – payable that day.**
- **No credits, refunds or make-ups are given when your child is absent from the program**
- **All children must be signed out by an authorized person each day**

Parent/Guardian/Main Contact Information:

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Phone_____
Home Work Cell

Email Address _____

Emergency Contact Name _____Relationship _____ Phone (____)_____

Secondary Contact Name _____ Relationship _____ Phone (____)_____

Child's Name		Birthdate			Child's Age		Staff Verification
					Years	Months	
	❑ Boy ❑ Girl						

Person(s) Authorized To Pick Up Child:

Child's Medical Information/Allergies/Dietary Restrictions:

PLEASE INDICATE YOUR 1ST, 2ND & 3RD LOCATION CHOICES:

SMALL FRYS (3 Yrs to 3 Yrs, 11 Mos)

9:00 a.m. to 12:00 noon:

___ M/W/F ..... Godfrey
___ T/Th..... Godfrey
___ M/W/F ..... Littlejohn
___ T/Th..... Littlejohn
___ T/Th..... McKinley
___ T/Th..... Washington

TINY TOTS (4 Yrs to Pre-K) EITHER 2 DAYS (T/TH) or 3 DAYS (M/W/F)

9:00 a.m. to 12:00 noon

___ M/W/F..... Leydecker
___ T/Th..... Leydecker
___ M/W/F..... McKinley*
___ M/W/F... Washington
___ M/W/F.. Woodstock*

12:00 noon to 3:00 p.m.
Bring a bag lunch

___ M/W/F McKinley*
___ M/W/F Woodstock*

*For McKinley and Woodstock locations: morning and afternoon sessions may be combined

TINY TOTS (4 Yrs to Pre-K) 5 DAYS (Monday to Friday)

___ Tue/Thu Leydecker

For 5 days, you may combine the Tue/Thu Leydecker class with one of the following Mon/Wed/Fri locations:

9:00 a.m. to 12:00 noon

___ M/W/F ..... Leydecker
___ M/W/F .....McKinley
___ M/W/F .. Washington
___ M/W/F ... Woodstock

12:00 noon to 3:00 p.m.
Bring a bag lunch

___ M/W/F - McKinley
___ M/W/F – Woodstock

****NEW** - BILINGUAL TINY TOTS (Spanish/English) – 9:00 a.m. to 12:00 noon (4 Years to Pre-K) - **NEW****
_____T/TH – Woodstock (Tiny Tots Only: You may combine this class with any M/W/F class for 5 days/week)

LIABILITY WAIVER

1. Undersigned hereby releases, waives and discharges the city of Alameda, its directors, 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 injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, 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 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 or program transportation thereon.

PHOTO CONSENT: Undersigned authorizes the City of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

☐ Check here if you do not give photographic consent.

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.

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.

_____ _____ ☐ Participant ☐ Parent/Guardian
Signature Date

☐ Check (payable to ARPD) ☐ Discover/VISA/MasterCard (Circle One) Credit Card # _____ 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.