



2016 - 2017 After School Program  
Hancock Park Elementary



Child's name: \_\_\_\_\_ Grade as of Aug. 2016: \_\_\_\_\_

Teacher's name: \_\_\_\_\_ Classroom: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M | F

Parent/Guardian Name 1: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Secondary Address (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information**

Name 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Approved Individuals For Pick-Up**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any physical activity restrictions? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does your child have any allergies or dietary restrictions? \_\_\_\_\_ YES \_\_\_\_\_ NO

Will your children be required to take medication? \_\_\_\_\_ YES \_\_\_\_\_ NO

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Credit Card Information: \$ \_\_\_\_\_ Authorized Amount**

Credit Card Type: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Signature: \_\_\_\_\_

You may also register online at [www.GotGameCamp.com](http://www.GotGameCamp.com)

Email paper applications to [Admin@GotGameCamp.com](mailto:Admin@GotGameCamp.com) or submit to the Got Game box in the main office

Name of Child: \_\_\_\_\_

**Acknowledgements, Releases and Agreements** - As the parent and legal guardian of the above named child, I understand, agree to and acknowledge the following:

**A.** My child will receive after school care from Got Game Sports from the time he/she is signed in to the program by a teacher or Got Game staff member until the time that an authorized person signs him/her out of the program. Got Game Sports will offer homework assistance, art and enrichment activities, and sports and recreation activities.

**B.** I hereby authorize the staff of Got Game Sports trained and certified in First Aid and CPR, to give my child necessary means of aid when appropriate. I understand that every effort will be made to contact myself and/or my spouse immediately following any incident requiring medical attention. If myself or my spouse cannot be reached, Got Game Sports will contact emergency contacts provided by Parent/Guardian. I authorize Got Game Sports to contact outside medical help in the event of an emergency, such as 911, and allow staff of Got Game Sports to act immediately for the safety of my child. I hereby authorize staff of Got Game Sports to transport my child to nearest medical care facility and to secure necessary care for my child should that be necessary.

**C.** I understand that with my child participating in any program such as this, potential risks are always involved, even through appropriate actions and safety measures to prevent such accidents. Therefore, by signing this waiver, I release Got Game Sports and its staff from any and all claims relating to injury or damages in connection with our program. I understand that Got Game Sports reserves the right to cancel or change programs or activities as listed in the itinerary when necessary. I agree to accept full responsibility, financial or otherwise, for the conduct of my child. In order to make each student's participation a fun, safe and rewarding experience, we hold high expectations for student attitude and behavior. I understand that there is no refund should my child be dismissed from the program for behavior or conduct deemed unsatisfactory or if, in the sole opinion of the director, a student's presence is not in the best interests of the program.

**D.** I acknowledge that upon admission I will receive and read the Got Game After School Parent Handbook, and review all of the additional rules and regulations pertaining to my child's participation in our program.

**E.** Payments are due every four weeks, taking into account all holidays, pupil free days, and other school closures. The monthly fee is \$315 per four weeks or \$30 per day. A 20% discount will be applied to each additional sibling. Full payment is automatically billed to the credit card provided. An active credit card number must be kept on file for all participants. I hereby give Got Game Sports **payment authorization** to charge my credit card on file for the monthly program fees as scheduled. If paying by check, payment is due on or before the indicated dates.

**F. Enrollment dates and Payment schedule as follows (please select all that apply):**

	<b>ENROLLMENT SESSION</b>	<b>PAYMENT DUE</b>
<input type="checkbox"/>	August 16 - September 14, 2016	August 16, 2016
<input type="checkbox"/>	September 15 - October 17, 2016	September 15, 2016
<input type="checkbox"/>	October 17 - November 14, 2016	October 17, 2016
<input type="checkbox"/>	November 15 - January 10, 2017	November 15, 2016
<input type="checkbox"/>	January 11 - February 8, 2017	January 11, 2017
<input type="checkbox"/>	February 9 - March 9, 2017	February 9, 2017
<input type="checkbox"/>	March 10 - April 7, 2017	March 10, 2017
<input type="checkbox"/>	April 17 - May 12, 2017	April 17, 2017
<input type="checkbox"/>	May 15 - June 9, 2017	May 15, 2017 (Final prorated payment of \$220.50)

**G.** Applicable fees due upon initial enrollment. There are no changes or adjustments in monthly program fees. Fees are due in full, regardless of child participation and/or attendance. Parent/guardian is responsible for all dues relating to the program. **Refund Policy:** Any requests to change or cancel any programs must be submitted in writing to Got Game Sports a minimum of two weeks prior to effective date. These requests can be submitted on site or emailed to Admin@GotGameCamp.com. After 5 days of non-payment, enrollment will be cancelled. If enrollment is cancelled within the first 2 week period of the active month, Got Game will prorate any and all fees not incurred. Refunds do not apply for part-time participants.

**H.** That per Department of Social Services (DSS), Community Care Licensing, Title 22, Section 101200, my child's file is available for review by DSS and representatives from these agencies may interview my child without prior parental/guardian permission. In addition Law Enforcement personnel may request the information listed in your file and may interview your child if necessary.

<b>Parent/Legal Guardian Name:</b>	<b>Parent Signature:</b>	<b>Date:</b>
<b>Got Game Representative Name:</b>	<b>Got Game Representative Signature:</b>	<b>Date:</b>