OFFICE USE:
Grade:_____
School:_____
County: _____

R.E.C.
Recreation Enrichment Center
Student Application

COST PER SESSION: $150 ALPHARETTA RESIDENTS/ $225 NON-RESIDENTS
Payment must be made in FULL at the time of registration

Sessions (Check all that apply)
Session 1: August 24-28 _____
Session 2: August 31- September 4 _____
Session 3: September 8-11 *(closed Monday) _____
Session 4: September 14-18 _____
Session 5: September 21-25 _____
Session 6: September 28-October 2 _____
Session 7: October 5-9 _____
More sessions will be added if digital learning is extended

Participant Name						**Gender**	☐ Male ☐Female		
Date of Birth	/ /	**Grade**		**School**		**County**			
Address		**City**		**St**		**Zip**			
Name of Parent/Guardian									
Primary Phone	( )	**Secondary Phone**	( )						
E-Mail Address									
Child lives with (please check all that apply)	☐ Mother ☐ Father ☐ Guardian ☐ Other_____								
1st Parent/Guardian		**Relationship**							
Work Phone	( )	**Cell Phone**	( )						
2nd Parent/Guardian		**Relationship**							
Work Phone	( )	**Cell Phone**	( )						
Emergency Contact #1 (adult name & phone required)									
Emergency Contact #2 (adult name & phone required)									

List the names of all persons authorized to pick up your child from this program(including parents):

Name	Relationship	Contact Phone

Is your child eligible for free/reduced price meal at school?	☐ Yes ☐ No

Please check or circle the correct response, complete each category and list any other information you feel the City of Alpharetta Recreation, Parks & Cultural Services should be aware of to provide safe and enjoyable summer for your child.

Does your child have any medical conditions?	☐ Yes ☐ No If yes, explain:_____
Does your child have any allergies?	☐ Yes ☐ No If yes, explain:_____
How does an allergic reaction present itself?	
How do you manage an allergic reaction?	
Does your child require an EpiPen? ☐ Yes ☐ No If yes, explain:_____	
Are there any activities your child cannot participate in due to physical, social or religious reasons?	☐ Yes ☐ No
If yes, please list activities:	
Other information we may find helpful to know:	

All medications should be sent in the ORIGINAL PACKAGE / CONTAINER with the time of day to be given and dosage clearly marked. DO NOT SEND ANY MEDICATIONS IN UNMARKED CONTAINERS! - Medication not in clearly marked prescription container will not be accepted.

I, _____, authorize the staff of the Alpharetta Recreation, Parks & Cultural Services to administer medication to my child/children.

Permission to give my child Tylenol Yes _____ No _____

Signature of Parent/Guardian _____ Date _____

*****Please fill out the attached Medication Authorization Form if your child requires medication while at this program*****

Please provide the login page, username and password used by your child for their distance learning:

Please submit a copy of your child's daily distance learning schedule with this applicaiton

ITEMS TO BRING DAILY

- Tablet/Laptop (camera if needed)
- Charger for device
- Print out of daily school schedule for your child's middle school
- Any required materials for assignments (paper, printed materials, etc)
- Water bottle
- Lunch
- Snacks
- Head phones
- Mask
- Optional: book for independent reading, educational game or activity if work is complete

City of Alpharetta Recreation and Parks

REFUND POLICY: Any participant may receive a refund, minus a $5 service fee, if the cancellation request has been received by email or phone before Thursday at 5pm the week prior to the scheduled start of the week enrolled. No refunds will be issued for cancellations after Thursday at 5pm.

NOTICE OF EXEMPTION:
IRS publication 503 states that entities who are not licensed dependent care facilities by their state or county government are not eligible to provide tax deductible services. I understand and acknowledge that this program is not a camp licensed by the State of Georgia.
I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirement.

Please read the following and sign below:

I understand that the City of Alpharetta is not responsible for children until they are signed in the program either by a parent, guardian or authorized alternate (age 16 or older). I understand the City of Alpharetta is no longer responsible for the program participant once he or she has been checked out. I/We, the above Participant(s) and/or spouse and/or parents/guardians of the above Participant(s), do hereby consent to my/our/his/her participation in the above Activity including all programs incidental to the Activity. While the City of Alpharetta carries liability insurance, I/We assume all responsibilities for, and risk and hazards of, participation in the Activity, including transportation to and from all programs in the Activity. In consideration of being allowed to participate in the Activity, I/We hereby release and forever discharge the City of Alpharetta, the City of Alpharetta Recreation and Parks Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my/our/his/her participation in the Activity and all programs incidental to the Activity. I/We understand the refund policies as listed in the current department leisure guide. I hereby give the City of Alpharetta ("City") permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the City for promotional and information purposes in print, on the City website and in other media. If paying by credit card: I understand that my credit card billing address must match the billing address on record with my financial institution for my payment to be authorized, and that any payments that do not receive authorization can result in temporary charges being placed on my credit card. I agree to pay the total amount in accordance with the card issuer agreement.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19/ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT In consideration of being allowed to participate in City of Alpharetta Recreation, Parks and Cultural Services programs, events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of contracting said illnesses does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest City of Alpharetta staff member or contracted instructor immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Alpharetta, their officers, officials, agents, and/or employees, other participants, instructors, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Success of the Student: The City of Alpharetta agrees to provide a safe, structured environment in which learning will take place through virtual instruction provided by the child's school and overseen by facility staff. The success of the student depends upon the effort put forth by the student, as well as the support and follow-through of parents after school hours. The City of Alpharetta may not be held responsible for failing grades and performance of a student. Staff agrees to communicate with parents should a child not follow the program's directives during the school day.

I/We understand that I/We must abide by all the policies and procedures set forth in this application.

_____ _____
Parent/Guardian Signature Date

_____ _____ _____
Credit card # Expiration date 3 or 4 digit security code

CODE OF CONDUCT

(Please review with your child)

It is our hope that every child, participating in our program, will have a positive experience that will last a lifetime. To help everyone get the most out of their experience, we have set up a list of ground rules to help parents and children understand what we expect while at this program.

This program has four basic rules that we explain to the children and post in each room. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** Abusiveness toward others or using inappropriate language, fighting, stealing, etc. is not allowed. It also includes property damage, graffiti or vandalism.
- **Participate in your school activities.** Students will be supervised at all times and will be working independently on their individual school work.
- **Follow directions.** Everyone will be working hard during the day while following the rules so we can operate safely and appropriately.
- **No put-downs.** An example of this would include name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, the following is our behavior policy:

- **First Offense:** Student will be given verbal warning.
- **Second Offense:** Student will be moved to a separate learning spot. We will also discuss with parents to see if any suggestions can be made in order to deter the inappropriate behavior.
- **After two (2) timeouts** have occurred, the Director/Assistant Director will suspend the child from the program for the remainder of the day and will contact the parent/guardian to pick them up immediately.
- **After two (2) suspensions** from the program, the participant will be removed from the program for the rest of the session and there will be no refund for the remainder of that session.
- **In the event of a major offense or the student physically injures another student or staff, they will immediately be removed from the program. There will be no refund for the week the student is attending; refunds for remaining weeks will be decided by the Program Manager.**
- The City of Alpharetta Recreation, Parks & Cultural Services reserves the right to remove a child from this program at any time in the event the students and staff safety and well-being are compromised.
- The City of Alpharetta Recreation, Parks & Cultural Services staff will not be held responsible for any lost, damaged or stolen items. Students are responsible for their electronic devices.
- **This program has a NO CELL PHONE policy. All Cell Phones must be left at home. If a student needs to contact a parents, a phone will be provided; if you need to contact your child, you may call the main number at 678-297-6100. If a cell phone is discovered, it will be confiscated until the end of the day and returned to the parent at pick up.**
- **The City of Alpharetta Recreation, Parks & Cultural Services is not responsible for your child's grades received while attending this program. This program is to serve as supervised space for your child to do their school work and assignments. Parents are encourgagged to check their child's work and assignments daily for completion and accuracy.**

I understand and accept that my child must abide by the Code of Conduct

Parent Signature: _____ Date: _____

AUTHORIZATION TO GIVE MEDICATION

If medication can be given at home, before or after program hours, please do so. If medication must be given during program hours, this form must be completed.

Child's Name: _____

I authorize the City of Alpharetta's staff to assist my child in taking this medication.
I understand that:

- Medications must be in the original labeled container. Pharmacists may provide two labeled bottles for this purpose. Medications sent in an unlabeled containers will not be given.
- Written permission of the parent/guardian is required for the administration of all medications.
- The parent/guardian must inform staff of any medication changes. New medication or new doses will not be given unless a new form is completed.
- Medications must be brought to the staff by the parent/guardian.
- Unused medication will be disposed of unless picked up within one week.

Name of medication: _____

Dose _____ Route* _____ Time(s) to be given_____

*Route: The method that medication is administered, such as by mouth, injection, inhaler, rectum, etc.

Date to discontinue medication: _____

Condition/Illness requiring medication: _____

Possible side effects, if any: _____

Licensed health care provider: _____

Licensed health care provider's phone: _____

Waiver of Liability

I, the undersigned, understand and acknowledge that participation in a class, day camp or activity can be hazardous, and I hereby assume all risk while participating. I, and anyone entitled to act on my behalf, waive and release the City of Alpharetta, its agents, employees, officers, officials and sponsors from all rights and claims for any personal injury, death, or property damage suffered by me, my child, or that I cause to others, as a result of my participation in this class, day camp or activity. I, the undersigned, give permission to the City of Alpharetta to obtain and authorize medical care for participants at any hospital, emergency medical center or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. I also agree to be responsible for the expenses of any medical care required, and I hold the staff authorizing the medical care harmless from any damages suffered by the participant as a result of the medical treatment authorized.

_____ _____

Parent/Legal Guardian Signature Date

Phone (H): _____ Phone (W): _____ Phone (C): _____