

City of Los Angeles Department of Recreation and Parks

# Mason Recreation Center

10500 Mason Avenue • Chatsworth, CA 91311 • Phone: (818) 998-6377

Email: [mason.recreationcenter@lacity.org](mailto:mason.recreationcenter@lacity.org)

# PRE-KINDER



# ENROLLMENT PACKET

Revised 7/30/24

City of Los Angeles Department of Recreation and Parks

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## Child's File Check-off List

Child's Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program Exit Date: \_\_\_\_\_

**Please Note:** Every Child's file **MUST** contain the following completed forms before they can begin the program.

1. \_\_\_\_\_ Mason Pre-Kinder Financial Agreement Form
2. \_\_\_\_\_ Identification and Emergency Information
3. \_\_\_\_\_ Consent for Emergency Medical Treatment
4. \_\_\_\_\_ Waiver / Release of Liability
5. \_\_\_\_\_ Photograph / Video Release Form
6. \_\_\_\_\_ Handbook Agreement
7. \_\_\_\_\_ Service Agreement (**all areas must be initialed and bottom must be signed**)
8. \_\_\_\_\_ Copy of Birth Certificate
9. \_\_\_\_\_ Copy of Current Immunization Records
10. \_\_\_\_\_ Photo of the Child (placed in the child's file for emergency purposes)

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**Financial Agreement**

**REQUIRED:** Copy of Birth Certificate, Current Immunization Records, and Completed Application.

**SECTION A: IDENTIFICATION**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NAME OF PARENT(S)/ GUARDIAN(S):**

Parent/Guardian: \_\_\_\_\_ e-mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ e-mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**SECTION B: FEES AND CHARGES**

**\$40.00** - Annual Non- Refundable Registration Fee

**\$300.00** – Monthly -4 days per week (Monday-Thursday from **9:00am-12:00pm**)

**\$1.00** - Late pick-up Babysitting Fee for every minute late after **12:00 p.m.**

**\$25.00** - Late fee for monthly payments

\*\*Fees and services will be due by credit card only (visa or MasterCard) on a Monthly Basis:

**PAYMENT IS DUE ON A MONTHLY BASIS** (see our payment schedule for specific due dates). **ALL FEES ARE DUE PRIOR TO SERVICES RENDERED.**

**Program Begin Date:** \_\_\_\_\_ **Program End Date:** \_\_\_\_\_

I CERTIFY THAT THE ABOVE IS CORRECT AND THE TERMS ARE AGREED UPON,

**Person financially responsible:**

\_\_\_\_\_  
Parent / Guardian Name (please print)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

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## **AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AT AUTHORIZED HOSPITAL IN CASE OF EMERGENCY ILLNESS OR ACCIDENT**

I (We), the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor do hereby authorize the directors of Mason Recreation Center/Pre-Kinder program as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treat is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable. This authorization shall remain effective through the conclusion of the event, unless sooner revoked in writing and delivered to said agent(s).

### **My Child has the following Medication Limitations / Allergies/ Food Allergies:**

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Name (please print)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

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**Waiver / Release of Liability**

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at Mason Recreation Center granting my child the opportunity to participate in the Pre-Kinder ("Program")

I, (print name) \_\_\_\_\_ the undersigned, as the **parent/guardian**

of (print name) \_\_\_\_\_ ("the Minor"), I do hereby agree as follows:

**I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;**

**I understand that if my child misbehaves and/or is sick and needs to be sent home;** I agree to pick them up at the time requested by the Pre-Kinder staff;

**I understand that the Pre-Kinder carries no insurance.**

**I agree to complete the Pre-Kinder Health History** form providing Minor's current, complete and truthful health history; including immunization history and overall health status;

**I understand that under certain medical conditions the Pre-Kinder** staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;

**I confirm to the best of my knowledge and belief the Minor** is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;

**I will instruct the Minor to abide by all safety** rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;

**I give my consent** to have the Minor participate in all aspects of the Program;

**I knowingly assume full responsibility** for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program at the Pre-Kinder;

**I give my consent** to have the Minor transported by: car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;

**I understand that the Pre-Kinder has no obligation to obtain medical treatment** for the Minor. Should it become necessary for the Minor to have emergency medical care while participating in the Program; **I hereby give the Pre-Kinder personnel my permission** to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the Pre-Kinder personnel to render medical care deemed necessary and appropriate;

**Except for the gross negligence or willful misconduct of the Pre-Kinder, I (print name) \_\_\_\_\_** waive all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, Pre-Kinder its officers, agents, employees and/or personnel, and

**I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, Mason Recreation Center staff, the Pre-Kinder staff its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor's participation in the Program or any related activities;

**I agree to keep the Pre-Kinder advised if I will be out of contact for any period of time during the Program** and to provide additional and/or alternate contact information prior to my leaving;

**I also authorize the Pre-Kinder, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor's physical image and/or voice as for use with the Program and/or Pre-Kinder' publicity, marketing and/or advertising materials;**

**I have read this agreement and I understand what it means to my legal rights** and the Minors participation and by my signature made of my own free will and act;

**I agree to abide by the rules and policies set forth in this registration and waiver release forms;**

**I have read and understand the payment, refund and conditions of enrollment policies** as found in this registration form; my child's space in Pre-Kinder is not guaranteed until I have made the week's full payment.

**I agree to be legally bound** by signing this registration and waiver release forms and extend this binding to the Minor(s)

**Important: Parent or Guardian Original Signature Required.**

\_\_\_\_\_  
Printed Name of Parent / Guardian

\_\_\_\_\_  
Printed Name of Witness / Rec. & Parks Employee

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Signature of Witness / Rec. & Parks Employee

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## **Photograph / Video Release Form**

I hereby give permission to the City of Los Angeles Department of Recreation and Parks to photograph and/or videotape my child. The sole purpose of these photographs and/or videos is for publication, advertisement, and exhibition of services offered by the City of Los Angeles Department of Recreation and Parks.

\_\_\_\_\_  
Parent / Guardian Name (please print)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relation to Child

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## **Handbook Agreement**

I, \_\_\_\_\_, have received, read, and understand the Mason Pre-Kinder  
Parent/Guardian Name (Please Print)  
Program Handbook and have discussed with my child all rules and regulations outlined in this book. I  
also understand that if I or my child should deviate from the rules in this book, my child will be  
removed from the program.

\_\_\_\_\_  
Parent / Guardian Name (please print)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

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**Service Agreement**

***PLEASE INITIAL EACH ITEM AS IT IS READ AND UNDERSTOOD***

1. \_\_\_\_ Every parent / guardian or designated person must sign the child in and out with their full signature each day. State law forbids any person to pick up a child unless their name is on the authorization list. Any person picking up your child must have I.D. available to present upon the request of staff.
2. \_\_\_\_ Fees for services will be due and payable on a monthly basis by **Credit card only.**
3. \_\_\_\_ If the fee is not paid on said agreed date, the park staff has the right to refuse Pre-Kinder service for the child, without notice. All refunds are subject to 15% administration deduction.
4. \_\_\_\_ All days reserved must be paid in full, including days missed because of illness, trips, etc.
5. \_\_\_\_ All payments/fees are due prior to services rendered.
6. \_\_\_\_ A LATE FEE will be charged if you are late in picking up your child. The charge is \$1.00 per each minute late after **12:00 p.m.** If you know you are going to be late, please notify the school so we can reassure your child.
7. \_\_\_\_ A child will be terminated from our program if there is severe and continuous violations of our class rules. The parent/guardian will be informed if / when these violations occur and may be asked to attend a day with their child to observe the behavior. Termination occurs to ensure the safety of ALL students.
8. \_\_\_\_ Parent/Guardian are to notify the school if their child is going to be late or absent.
9. \_\_\_\_ Mason Pre-Kinder Program will be closed on all holidays observed by the City of Los Angeles. Advance notice will be given when the program will be closed.
10. \_\_\_\_ Parent/Guardian are to give prompt notice of any change of address and telephone numbers.
11. \_\_\_\_ Parent/Guardian must notify the school two weeks prior to permanently withdrawing a child from the program.
12. \_\_\_\_ Do not bring a child with a CONTAGIOUS ILLNESS OR FEVER.

**THANK YOU FOR TAKING THE TIME TO READ THE ABOVE.**

I hereby agree to all items listed above unless stated in writing,

\_\_\_\_\_  
Parent / Guardian Name (please print)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date