

**\$40 Registration Fee**

**Make checks payable to:**

**City of Whittier**

A \$25 fee will be charged for all returned checks

**Registration Fee is NON-Refundable**

<b>Office Use Only:</b>		
Check _____	Cash _____	CC _____
Entered by _____		
Copied by _____		
Print Name		

**CITY OF WHITTIER  
WYN CLUB Registration Packet**

**Program hours are Monday through Friday  
from school dismissal until 5 p.m.**

**WYN CLUB PARTICIPANTS - 2<sup>nd</sup> THROUGH 5<sup>th</sup> GRADES ONLY**

WYN Club Site \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

**Must be in 2<sup>nd</sup> - 5<sup>th</sup> grades to be eligible for the program.**

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Number and Street

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contacts/Persons authorized to pick up child other than Parent or Legal Guardian:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

## CITY OF WHITTIER RELEASE FROM LIABILITY AND INDEMNIFICATION

I, \_\_\_\_\_ hereby agree to indemnify, defend and hold harmless the City of Whittier, its officers, employees, agents and volunteers from and against any and all claims, liabilities, expenses, or judgments, including attorney's fees, in any way arising from my (or my child's) participation in the City's recreation program, whether caused by negligence or otherwise, except for illness and injury resulting solely from the gross negligence or willful misconduct on the part of the City of Whittier or its officers, agents, employees or volunteers. This includes any and all activity accruing after my child has been released to me. I understand and am familiar with the nature of the event or activity and recognize that the event or activity can be dangerous to my child and accept those dangers. I also understand that if I am (or my child is) injured during my (or my child's) participation in the City sponsored event or activity, or after the time of my child's release, this waiver will be used against me and anyone else claiming damage because of my (or my child's) injury in any legal action. I hereby represent that I understand and am familiar with the nature of the event or activity in which I (or my child) will participate in this City recreation program and that I am (or my child is) in good physical health and that I (or my child) do not have physical and/or emotional conditions, past or present, of which I am aware, which would in any way affect my (or my child's) ability to participate in this activity, or my ability to supervise my child after the time of my child's release. In case of emergency, I give my permission for emergency medical treatment of me or my child. I also give my permission to the City of Whittier to photograph me, my child and all other family members participating in these events/activities for advertising purposes for the City of Whittier and acknowledge I will not receive any compensation for such use. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian and received by the City. I also understand that no City officer, employee or agent is authorized to modify this waiver. My signature acknowledges that I understand and agree to the above conditions.

Name of Child Participant \_\_\_\_\_ Age \_\_\_\_\_  
Authorization Signature \_\_\_\_\_ Full Name Printed \_\_\_\_\_  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Release \_\_\_\_\_ Relationship to participant(s) \*Parent \*Legal Guardian \*Participant  
Additional Emergency Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

*The Release from Liability and Indemnification Form will cover all excursions and activities mentioned on the monthly calendar.*

## Emergency Medical Information

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Medical History (allergies, epilepsy, diabetes, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your child be taking medication at the WYN CLUB site? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, List Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*If your child will take medication at the site, please pick up and fill out an additional Medication Release form from the office.**

# RULES AND PROVISIONS FOR PARTICIPANTS

The Whittier Youth Network, WYN Club, provides recreation programming for students who are in the 2<sup>nd</sup>-5<sup>th</sup> grades. Participants will enjoy a variety of recreational and enrichment activities, sports, and homework time.

I agree to adhere to the following program rules:

1. All participants must report to their designated check-in area immediately after school and no more than 15 minutes after the bell has rung. Failure to do so will result in a call to parent/legal guardian once child has checked into the WYN Club program. Participants are not to make purchases from an ice cream or any other vendor prior to checking into the WYN Club program. WYN Club is closed on dates that school is not in session.
2. Participants are not allowed to go to a classroom afterschool without a parent's permission in writing and checking into the WYN Club program first.
3. If a parent has given permission for a child to check themselves out of WYN Club and walk home, the child does need to leave the school campus and walk home at time of check out.
4. During inclement weather all efforts are made to find an appropriate location to continue programming. Should a site be closed, parents will be notified as soon as possible to make further arrangements.
5. All members, parents and guardians are expected to be respectful to staff, participants, parents, property, equipment and facilities. Failure to adhere to the aforementioned may result in your child's suspension and/or expulsion from the program.
6. Property such as cell phones, mp3 players, and hand held video game devices are not to be brought to the site. Any electronics that are brought will be confiscated and given to the parents at the time of pick up.
7. Skateboards, scooters, skates, bikes, rollerblades, and Heelys (sport shoes with wheels) are not to be used during programming hours.
8. The City of Whittier is not responsible for lost, stolen or misplaced items.
9. Foul language and Public Displays of Affection (PDA) will not be tolerated at any school or park facility. Failure to adhere may result in suspension and/or expulsion from the program.
10. WYN Club enforces the school dress code policy at each school where the WYN Club site is located.
11. Any forms of inappropriate behavior which have not been defined herein, will fall under the Whittier City, East Whittier City School District's student code of conduct.

**Important: Parents must exit their vehicle to pick-up child(ren). Please be courteous to our neighbors and refrain from honking your horn when picking up your child(ren).**

I have read all of the above rules and have discussed them with my child. I understand that repeated infractions of these rules may result in my child's suspension and/or removal from the City sponsored afterschool and summer programs.

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**Parent/Guardian Signature**

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**Date**

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**Member Signature**

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**Date**

## **LATE FEE POLICY**

1. After 5:00 p.m. we will begin listing children's names in a logbook.
2. We will begin accessing late fees after 5:05 p.m. at the rate of \$1 per minute.
3. If you are late, you must sign the late fee sheet and clearly fill in the requested information.
4. Once you sign the sheet and fill out the requested information, you will be billed by mail. Failure to pay the fees may result in a revoked membership for your child.
5. If our staff is unable to contact a parent, legal guardian, or emergency contact person by 6:00 p.m., staff will contact the Whittier Police Department, who will transport the child to the Whittier Police station. The child will remain at the police station until they are picked-up by a parent or legal guardian.

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**Parent/Guardian Signature**

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**Date**

## **HEAD LICE POLICY**

As a city program, we have the ability to handle the situation as we deem appropriate. Please note that there is a distinction between nits versus lice. The guidance is clear in that children should not be removed from school because he/she is found to have nits. However, if a child is found to have lice, he/she is allowed to complete the school day, but cannot return to WYN Club program until he/she is treated and the lice cleared (nits are ok). However, if the child feels uncomfortable, the parent will be phoned and asked to pick up the child from the program. At this time, it is suggested that treatment is started immediately. Unfortunately, the child will not be allowed to participate in the program until he/she is checked for head lice by a WYN Club representative and it is confirmed that the lice is cleared and no longer visible. If lice is still present, your child will not be allowed in the WYN Club program until all head lice are removed. This is to ensure no further exposure to existing WYN Club participants and Staff. By signing the HEAD LICE POLICY, you understand the policy.

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**Parent/Guardian Signature**

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**Date**

## Walk Home Notification

Student Name: \_\_\_\_\_

Site: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ My child may not check him/herself out and walk home.

\_\_\_\_\_ My child is able to sign him/herself out and walk home at the time listed below.

\_\_\_\_\_

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

\_\_\_\_\_  
**Date**

## Permiso para caminar a casa

Nombre del estudiante: \_\_\_\_\_

Lugar: \_\_\_\_\_

Telefono: \_\_\_\_\_

Fabor de marcar una de la siguientes opciones:

\_\_\_\_\_ Mi Hijo (a) NO tiene permiso de firmar salida por su propia cuenta y caminar a casa.

\_\_\_\_\_ Mi hijo (a) SI puede firmar salida por su propia cuenta y caminar a casa en los tiempos marcados abajo:

\_\_\_\_\_

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

## GRANT INFORMATION

### **Optional: (for grant purposes)**

#### **Physical Description:**

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Race: \_\_\_ African American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Other

#### **Household Information:**

Child Lives with: \_\_\_ Mother \_\_\_ Step Mother \_\_\_ Father \_\_\_ Step Father \_\_\_ Grandparent \_\_\_ Other

Head of household: \_\_\_ Female \_\_\_ Male Number Living in Home: \_\_\_\_\_ Single Parent: \_\_\_ Yes \_\_\_ No

Income: \_\_\_ \$0-\$10,999 \_\_\_ \$11,000-17,999 \_\_\_ \$18,000-34,999 \_\_\_ \$35,000-49,999 \_\_\_ \$50,000 or higher