



RC Learn & Rec Program Parent/Guardian Acknowledgment Form

Please sign the Parent/Guardian Acknowledgment Form and Emergency Card, no later than your child's first day of RC Learn & Rec Program.

Participant's Last Name

Participant's First Name

I certify that I have read the Participant Handbook in its entirety. I also acknowledge that I understand and agree to abide by all guidelines and procedures of the RC Learn & Rec Program including, but not limited to, the following:

- My child must be signed in and signed out by the authorized adult that is stated on my child's Emergency Card. All authorized adults, including myself or other parent/guardian must present proper identification when picking up my child.
- CSD Staff are not responsible for any lost or damaged personal items. My child's name must be written on all personal items. I ensure all items are taken home with me.
- If my child is picked up after the program closing time, a late fee will be charged. I understand that I am responsible for paying all late fees within 24 hours of its occurrence. My child cannot return to RC Learn & Rec until all late fees are paid.
- Refunds will only be given if request for withdrawal is submitted 2 weeks prior to the start of the program.
- It is also important that I disclose any indication of having been exposed to COVID-19, or whether my child has experienced any signs or symptoms associated with the COVID-19 virus.

Parent/Guardian - Print Name

Parent/Guardian - Signature

Date



RC Learn & Rec Program Emergency Card

Child's Name _____ Age _____ Home Phone (____) _____

Address _____ City _____ Zip Code _____

PARENT/GUARDIAN #1 _____

PARENT/GUARDIAN #2 _____

Primary Phone (____) _____

Primary Phone (____) _____

Secondary Phone (____) _____

Secondary Phone (____) _____

Email _____

Email _____

Emergency Contact

Individuals we can contact if you cannot be reached (in order) **and ONLY** those authorized to pick-up your child

Contact #3 _____ Phone(____) _____ Relationship _____

Contact #4 _____ Phone(____) _____ Relationship _____

Contact #5 _____ Phone(____) _____ Relationship _____

Conditions Requiring Special Emergency Care

Asthma: YES NO Diabetes: YES NO Epilepsy: YES NO ADD: YES NO

ADHD: YES NO Autism: YES NO Developmentally Disabled: YES NO Other: _____

Physician's Name _____ Phone Number (____) _____

Currently Under a Physician's Care: YES NO

Medical need being treated _____

Allergies _____

Medications (including dosage) _____

Hospital _____

Permission for Teen Learning Lab Sign-in/Sign-out

I give permission for my teen to
Sign themselves in & out of the program

Permission to ONLY
sign themselves in

Permission to ONLY
sign themselves out

Medical Release

I do hereby give permission for any certified emergency personnel, or health care professional to administer any type of medical treatment he/she deems necessary to the above-named child in case of emergency if I cannot be contacted. I understand that the City, its agents, and employees assume no financial obligation or Liability for the immediate medical treatment that they may provide for the child.

Signature of Parent/Guardian

Date



RC Learn & Rec Program Participant Intake Form

Dear Parents/Guardians,

This disclosure form seeks information from parents/guardians regarding your child that the City of Rancho Cucamonga, Community Services Department must consider before admission is accepted for your child to attend the RC Learn & Rec program given the circumstances of COVID-19.

As you are aware, a weak or compromised immune system can put your child at greater risk for contracting COVID-19. Please disclose any condition that may compromise his/her immune system to the check-in Staff. We may determine, in your child’s best interest, they do not attend RC Learn & Rec today and/or other days.

It is also important that you disclose any indication of having been exposed to COVID-19, or whether your child has experienced any signs or symptoms associated with the COVID-19 virus.

| Participant’s Name: | Yes | No |
|--|-----|----|
| Has your child had a fever in the last 72 hours above 100.4 °F? | | |
| Has your child taken any fever-reducing medication in the past 24 hours? | | |
| Has your child experienced shortness of breath or had trouble breathing in the last 72 hours? | | |
| Does your child have a dry cough? | | |
| Does your child have a runny nose? | | |
| Has your child recently lost or had a reduction in their sense of smell? | | |
| Does your child have a sore throat? | | |
| Does your child have flu-like symptoms? | | |
| Has your child been in contact with someone who has tested positive for COVID-19, or been in contact with someone who has COVID-19 symptoms? | | |
| Has your child tested positive for COVID-19? | | |
| Has your child been tested for COVID-19 and are awaiting results? | | |
| Has a household member been tested for COVID-19 and are awaiting results? | | |
| Has your child or household member traveled outside the United States by air or cruise ship in the past 14 days? | | |
| Has your child or household member traveled within the United States by air, bus or train within the past 14 days? | | |

I fully understand and acknowledge the risks and cautions regarding a compromised immune system as it pertains to my child and have disclosed to the City of Rancho Cucamonga RC Learn & Rec Program any conditions in my child’s health which may result in my child not being admitted to RC Learn & Rec.

By signing this document, I, parent/guardian of _____ acknowledge the answers I have provided above are true and accurate.

Signature of Parent/Guardian

Date