



RASP Registration Form (grades K-6)

Please select which site your child will be attending			
	Achziger		Rutherford
	Dunford		Thompson
	Florence		Shaw
	Goodbar		

Participant Information	
Address: _____ City: _____ Zip: _____	
Name: _____ Gender: M F Age: _____ Birth Date: _____	
Grade: _____ School: _____	
Name: _____ Gender: M F Age: _____ Birth Date: _____	
Grade: _____ School: _____	
Name: _____ Grade: _____ School: _____	
Gender: M F Age: _____ Birth Date: _____	

Parent Information	
Parent/Guardian#: (A) _____ Email: _____ DL#: _____	
Home Phone#: (A) (____) _____ Work Phone#: (____) _____ Cell#: (____) _____	
Parent/Guardian#: (B) _____ Email: _____ DL#: _____	
Home Phone#: (B) (____) _____ Work Phone#: (____) _____ Cell#: (____) _____	
In case of emergency contact the following person(s) other than parent:	
Name: _____ Phone: _____	
Name: _____ Phone: _____	
The Following Person(s) will be allowed to sign my child out from RASP:	
Name: _____ DL#: _____	
Name: _____ DL#: _____	
I DO NOT give permission for my child to be released to the person(s) listed below:	
Name: _____ DL#: _____	
Name: _____ DL#: _____	

Medical Information

Doctor's Name: _____ Phone#: _____

Hospital Name: _____ Phone#: _____

Insurance Company: _____

Health History

(please attach additional page if necessary, all information is kept confidential)

Child _____, Child _____, Child _____

has or is subject to: (please circle all that apply)

Asthma Fainting Spells Convulsions Bloody Nose
Heart Trouble Diabetes Seizures Other: _____

Allergies

Child _____, Child _____, Child _____

Is allergic to: (please circle all that apply)

Medicines Insects Food Plants Other: _____

Please explain allergies and treatment: _____

MEDICAL ISSUES

You or your emergency contact need to be available to pick up your child from RASP. In the event of a medical emergency you will be notified immediately. These include participant illness and severe injury. All RASP staff are First Aid and CPR trained and will take whatever emergency medical measures are deemed necessary for the protection and safety of the participant. This may include transportation by ambulance to the nearest medical treatment facility.

PERMISSION TO SECURE TREATMENT

In the event of any emergency, I authorize the City of Mesquite to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first. I also give my permission for my child to be released to my designee if I am unable to reach my child in a timely manner.

Initials _____

MEDICATIONS

(All medications must be given to RASP staff)

Does your child require any medications to be taken during RASP hours? Yes _____ No _____

Note: All medication(s) must be in original prescription bottles and labeled with (a) campers name (b) name of medication (c) dosage (d) administration times. Medication will only be administered according to the labeled directions and staff is not permitted to alter the dosage.

Name of Medication(s): _____

Miscellaneous

TRIP PARTICIPANT RELEASE

My initials signify that I give permission for my child to be transported by the City of Mesquite staff to scheduled off-site program trips.

Initials _____

SUNSCREEN AND BUG SPRAY

I do _____ or do not _____ give my permission for staff to apply sunscreen and/or bug spray to my child.

HOMEWORK

_____ I do want my child to spend a portion of their time at RASP working on homework.

_____ I will allow my child to take care of homework after RASP.

BEHAVIOR

Has your child been diagnosed with a learning disability, behavior disorder or physical disability that we need to be aware of? Yes _____ No _____

If yes please explain: _____

Are there any other conditions requiring our attention that we should know about? Yes _____ No _____

If yes please explain: _____

PICK-UP

RASP hours are from 2:30 p.m. to 6 p.m. Children must be signed-out each day from the RASP program by a parent or guardian. Due to the number of participants in the program, our 6:00 p.m. closing time will be strictly enforced. **Parents will be given a 5 minute grace period and at 6:06 p.m. late fees will begin to accrue at \$1.00 per minute.**

If a child has not been picked up from the program 30 minutes after the program has ended and the staff has made attempts to contact the child(ren) parents and their authorized persons in the emergency list, the staff will call the police and turn the child(ren) over to them. My initials below signify that I understand the pick-up policy.

Initials _____

Miscellaneous

PARTICIPANT PHOTO USE

Mesquite Parks and Recreation reserves the right to photograph or videotape participants in programs and/or facilities. The photos and/or video are strictly for the City of Mesquite use and may be used in publications, flyers, brochures, videos, websites and other advertisements.

My initials below grant permission to the City of Mesquite to use photographs and/or videos of my child solely for the purpose of marketing and advertising in the above mentioned ways.

Initials _____

CHILD TAX CREDIT

The City of Mesquite is not licensed by the State to provide child care programs that qualify for the IRS Child Care Tax Credit.

All Texas municipalities are eligible to be exempt from State day-care licensing provided a *Standards of Care Ordinance* is approved annually.

In Mesquite, this ordinance is in place, and R.A.S.P. (Recreation After School Program) as well as all other recreation programs offered by the City are defined or classified as "*recreational programs*" rather than "*child-care*" programs.

My initials below indicate that I understand Parks and Recreation staff will not be allowed to provide City tax identification information for the purpose of income tax deductions.

Initials _____

PAYMENT POLICY

Full payment is due on the first of the month. If the first falls on a weekend or holiday then payment is due the following day school is in session. A \$5.00 late fee will be charged each day payment is received late. If payment is not received after the fourth day a RASP staff will walk the participant down to the front office and notify parents. My initials below signify that I understand the payment policy.

Initials _____

The undersigned does hereby acknowledge to have read and understood all the information contained on this document and to have approved all releases, permits and waivers contained herein.

I _____, being of lawful age, do for myself, my heirs and assigns, release, holds harmless and forever discharge, the City of Mesquite, its officers and employees from any and every claim, action of any kind, arising from or by reason of any injury to (myself/my child(ren) while (I am/my child(ren) is in or on and/or using any of the recreation activities sponsored by the City of Mesquite Parks and Recreation Department.

Parent/guardian Signature

Printed Name

Date



RASP Rules and Discipline Policy

To: Parents and Participants

Parent/guardian cooperation is vital to the successful implementation in our discipline policy. Please discuss the following policy with your child(ren), sign and return this form with your registration packet. In fairness to all participants and staff of the after school program, we expect appropriate behavior. Any form of lewd behavior, bullying, aggression, violence, disrespect or foul language will not be tolerated.

All participants are expected to respect themselves, each other, the staff and the program's facilities. It is imperative that all participants exhibit proper behavior and self-control. Correcting inappropriate and unsatisfactory behavior is time-consuming and distracts from providing quality, safe, and fun activities for all children. We **DO NOT** engage in physical punishment, withhold food, or bathroom access.

Examples of **unacceptable behavior** that would warrant a behavioral report are:

- Being rude or disrespectful to staff and other children, including the use of put downs and offensive language or gestures.
- Refusing to follow basic rules of safety.
- Stealing or defacing property.
- BULLYING.
- Physically harming another participant or RASP staff member.

Discipline Policy and Consequences

General Provisions

Children must be respectful of staff, participants and property at all times. Improper use of furniture, drink, food, misuse of equipment, horseplay or vulgar/abusive language will not be permitted.

- 1st offense - On spot counseling and time out from activities
- 2nd offense - Talk with RASP coordinator and parents
- 3rd offense - Suspend from program for 1 to 3 days depending on severity of the incident and circumstances
- 4th offense - Suspension for 1 week from program activities and from the City of Mesquite Recreation Centers depending on the severity of the incident and circumstances

Fighting

- 1st offense - Suspension 1 to 3 days
- 2nd offense - Suspension for 1 week
- 3rd offense - Removal from the program and from the City of Mesquite Recreation Centers

Parents and Participants

All suspensions depend on the severity of the incident and circumstances. When a participant is suspended from a particular site they are also suspended from the City of Mesquite Recreation Centers.

Parents will not be refunded for the time their child(ren) is suspended from the program whether it is for one day or one week. Your help in reviewing the rules and guidelines with your child(ren) and making sure they understand the consequences of their actions is appreciated.

If RASP rules are violated, one or more of the disciplinary actions (as defined in the above Discipline Policy and Consequences) may be imposed for violations of the above rules.

Participant Signature

Participant Signature

Date

Parent/guardian Signature

Printed Name

Date