



## RASP Registration Form (grades K-8)

Please select which site your child(ren) will be attending			
	Achziger		Goodbar
	Dunford (RASP)		Rutherford
	Dunford ( <i>Hang-time 7<sup>th</sup> &amp; 8<sup>th</sup> grade</i> )		Thompson
	Dunford (Kidz Corral 2:45 – 4 p.m.)		Shaw
	Florence		

Participant Information	
Address: _____ City: _____ Zip: _____	
<b>Name:</b> _____ 2016-17 Grade Level: _____ School: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
<b>Name:</b> _____ 2016-17 Grade Level: _____ School: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
<b>Name:</b> _____ 2016-17 Grade Level: _____ School: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	

Parent Information	
<b>Parent/Guardian# (A)</b> _____ Email: _____ DL#: _____ Home Phone#: (A) (____) _____ Work Phone#: (____) _____ Cell#: (____) _____	
<b>Parent/Guardian# (B)</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#: _____	
<b>I DO NOT give permission for my child to be released to the person(s) listed below:</b> Name: _____ DL#: _____ Name: _____ DL#: _____	

### Medical Information

In the event of a medical emergency or illness you will be notified immediately. You or your emergency contact need to be available to pick up your child from RASP. All 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.

Doctor's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Preferred Hospital Name: \_\_\_\_\_ City: \_\_\_\_\_

### Health History

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

*(please circle all that apply)*

Child \_\_\_\_\_ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: \_\_\_\_\_

Child \_\_\_\_\_ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: \_\_\_\_\_

Child \_\_\_\_\_ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: \_\_\_\_\_

### Allergies

Child \_\_\_\_\_ is allergic to: Medicines \_\_\_\_\_ / Insects \_\_\_\_\_ / Food \_\_\_\_\_ / Plants \_\_\_\_\_ / Other: \_\_\_\_\_

Child \_\_\_\_\_ is allergic to: Medicines \_\_\_\_\_ / Insects \_\_\_\_\_ / Food \_\_\_\_\_ / Plants \_\_\_\_\_ / Other: \_\_\_\_\_

Child \_\_\_\_\_ is allergic to: Medicines \_\_\_\_\_ / Insects \_\_\_\_\_ / Food \_\_\_\_\_ / Plants \_\_\_\_\_ / Other: \_\_\_\_\_

Please explain allergies and treatment: \_\_\_\_\_

My child requires the use of an epi-pen: yes \_\_\_\_\_ no: \_\_\_\_\_

### 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 individuals authorized in this packet to secure treatment if I am unavailable.

Initials \_\_\_\_\_

### MEDICATIONS (All medications must be given to RASP staff)

Does your child(ren) require any medications to be taken during RASP hours? Yes \_\_\_ No \_\_\_ Note: Medication will only be administered according to the labeled directions. All medication(s) must be in their original containers with instructions for the administration of the medication on the label. The medication sent to the program site must contain the daily dosage. Staff is not permitted to accept any larger doses. If there are any changes in the dosage of, frequency or administration of the medication, it is the parent's responsibility to inform the staff in writing.

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine and Dosage/Time: \_\_\_\_\_

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine and Dosage/Time: \_\_\_\_\_

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine and Dosage/Time: \_\_\_\_\_

### MEDICATION WAIVER

My initials below indicate that I acknowledge that the instructions on the pharmaceutical container are accurate and I agree to allow the City of Mesquite staff to assist in the administration of the medication to their child and I waive any claim against the City of Mesquite or its staff.

Initials \_\_\_\_\_

**PARTICIPATION RELEASE**

In consideration of (myself/my child(ren) being permitted to go in and on and use recreational facilities operated by the City of Mesquite and participate in recreational activities sponsored by the City of Mesquite Parks and Recreation Department,

I \_\_\_\_\_, being of lawful age, do for myself, my heirs and assigns, release, hold 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.

My signature below also gives my permission for my child to be transported by the City of Mesquite staff to scheduled off-site program trips.

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

\_\_\_\_\_  
*Printed Name*

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

**BEHAVIOR**

Is your child 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? Yes \_\_\_ No \_\_\_

If yes please explain: \_\_\_\_\_

**PICK-UP**

RASP hours are from 2:45 p.m. to 6 p.m. Children must be signed-out each day from the 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/per child.**

If a child has not been picked up from the facility 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, staff will call the police and turn the child(ren) over to them.

Initials\_\_\_\_\_

**PAYMENT POLICY**

My initials below signify that I acknowledge 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 RASP staff will sit the child(ren) out of daily activities until payment is made.

**\*RASP will not be prorated for missed days.**

Initials\_\_\_\_\_

**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 the after school programs offered by the City is defined or classified as “*recreational programs*” rather than “*child-care*” programs.

Please be advised that **Parks and Recreation staff will not be allowed to provide City tax identification information for the purpose of income tax deductions.**

Initials \_\_\_\_\_

**MOVIE RELEASE CONSENT**

My initials below indicate that my child(ren) has permission to view PG rated films while attending Mesquite Parks and Recreation programs.

Initials \_\_\_\_\_

**HOMEWORK**

\_\_\_\_\_ I 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**.

**SUNSCREEN AND BUG SPRAY**

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

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

\_\_\_\_\_  
*Parent/guardian Signature*

\_\_\_\_\_  
*Printed Name*

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



# RASP Rules and Discipline Policy

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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.

- 1<sup>st</sup> offense - On spot counseling and time out from activities
- 2<sup>nd</sup> offense - Talk with RASP coordinator and parents
- 3<sup>rd</sup> offense - Suspend from program for 1 to 3 days depending on severity of the incident and circumstances
- 4<sup>th</sup> 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

- 1<sup>st</sup> offense - Suspension 1 to 3 days
- 2<sup>nd</sup> offense - Suspension for 1 week
- 3<sup>rd</sup> 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*