



**City of Amarillo Parks and Recreation Department
 Charles E. Warford Activity Center
 2020 - 2021 After-School Program
 APPLICATION FORM**

The Charles E. Warford Activity Center After-School Program is accepting applications for the 2020-21 school-year. Applications are open at www.amarilloparks.org and can be completed/submitted online or printed and delivered or mailed to 1330 N.W. 18th, Amarillo, Texas, 79107. Program slots available are limited and will be filled on a first come, first served basis with a complete application and paid in full account. The Warford After-School Program is not a licensed child-care program/facility.

Eligibility Requirements for the Warford After-School Program

- Child(ren) must be 5 to 13 years of age.
- All past due accounts with Parks and Recreation must be paid in full.
- Child(ren) must attend Carver Early Childhood Academy to be picked up by Warford Staff at Carver
- ECA or a parent/guardian must provide transportation to Warford if attending another school.
Transportation is not provided by the Warford After-School program.
- Application for the program must be complete with all information provided.
- Enrollment fee must be paid.

Program Fees

- \$170/month – Member
- \$190/month – Non-Member
- \$70/month – Qualified Reduced Fee – Members
- \$90/month – Qualified Reduced Fee – Non-Members

**Program Fees are due monthly and you can pay by cash, card, or check.*

CHILD INFORMATION

1. Child's Name: _____ Gender: Male ___ Female ___
 Date of Birth: _____ Fall School Grade: _____
 Student's School: _____ Student's Age: _____
 Name of Parent(s) / Guardian(s): _____
 Relationship to Student: _____
 Mailing Address: _____
 Home / Cell Phone Number: _____ Work Number: _____

Please list any medical conditions, medications, known allergies or special considerations:

Please provide us with any additional information that will help us get to know and/or meet the needs of your child such as behavior, learning accommodations, habits, special routines/problems, fears, eating habits, needs, etc.



2. Child's Name: _____ Gender: Male ___ Female ___
 Date of Birth: _____ Fall School Grade: _____
 Student's School: _____ Student's Age: _____
 Name of Parent(s) / Guardian(s): _____
 Relationship to Student: _____
 Mailing Address: _____
 Home / Cell Phone Number: _____ Work Number: _____

Please list any medical conditions, medications, known allergies or special considerations:

Please provide us with any additional information that will help us get to know and/or meet the needs of your child such as behavior, learning accommodations, habits, special routines/problems, fears, eating habits, needs, etc.

3. Child's Name: _____ Gender: Male ___ Female ___
 Date of Birth: _____ Fall School Grade: _____
 Student's School: _____ Student's Age: _____
 Name of Parent(s) / Guardian(s): _____
 Relationship to Student: _____
 Mailing Address: _____
 Home / Cell Phone Number: _____ Work Number: _____

Please list any medical conditions, medications, known allergies or special considerations:

Please provide us with any additional information that will help us get to know and/or meet the needs of your child such as behavior, learning accommodations, habits, special routines/problems, fears, eating habits, needs, etc.

4. Child's Name: _____ Gender: Male ___ Female ___
 Date of Birth: _____ Fall School Grade: _____
 Student's School: _____ Student's Age: _____
 Name of Parent(s) / Guardian(s): _____
 Relationship to Student: _____
 Mailing Address: _____
 Home / Cell Phone Number: _____ Work Number: _____

Please list any medical conditions, medications, known allergies or special considerations:

Please provide us with any additional information that will help us get to know and/or meet the needs of your child such as behavior, learning accommodations, habits, special routines/problems, fears, eating habits, needs, etc.

Please note: The Warford After-School Program staff will not administer medication. Medications needed for use for life-threatening conditions (e.g. bee-sting medication, inhaler) and limited medications approved for use in first-aid kits maybe carried and self-administered by the child(ren). Parent/guardian shall provide documentation related to self-administration of medications. If your child(ren) has a restrictive diet such as gluten free, high protein, etc., the program cannot guarantee that snacks provided will meet your child(ren) needs. In such a case, parents will be asked to send appropriate snacks for their child(ren).



PARENT / GUARDIAN INFORMATION:

Name: _____ Date of Birth: _____
Relationship to Child: _____ Cell Phone Number: _____
Place of Employment: _____ Work Number: _____
Mailing Address (if different): _____
Email Address: _____
Is the person listed above the financially responsible party? _____

Name: _____ Date of Birth: _____
Relationship to Child: _____ Cell Phone Number: _____
Place of Employment: _____ Work Number: _____
Mailing Address (if different): _____
Email Address: _____
Is the person listed above the financially responsible party? _____

Please explain any separation, divorce or custody situation of which we should be aware?

Describe:

Parent/guardian must provide court order.

Without a court order, the City of Amarillo staff cannot deny a parent access to his or her child. Full custody or divorcee decree documents stamped by the court with a section that states a parent cannot have access to a child must be reviewed by the City’s Legal Department. Upon review, staff will notify the parent/guardian of any contact made by an unauthorized parent. Staff will not put themselves or children in harm’s way in order to mediate a family dispute or attempt to enforce a court order.

EMERGENCY CONTACT INFORMATION

List two emergency contacts other than those listed above:

| Name | Relationship | Home Phone | Work Phone |
|------|--------------|------------|------------|
| | | | |
| | | | |

PHYSICIAN OR CLINIC / HOSPITAL

| Clinic Name | Physician | Address | Phone Number |
|-------------|-----------|---------|--------------|
| | | | |



CHECK-OUT AUTHORIZATION FORM

The following permission will remain valid for the 2020-21 school year or until withdrawn in writing by parent/guardian. Any person listed must be at least 18 years of age.

I grant permission for the Warford After-School program to release my child(ren) to the following individuals:

- 1. Name: _____ Relationship: _____
- 2. Name: _____ Relationship: _____
- 3. Name: _____ Relationship: _____
- 4. Name: _____ Relationship: _____
- 5. Name: _____ Relationship: _____
- 6. Name: _____ Relationship: _____

AFTER-SCHOOL PROGRAM AGREEMENT

- I will complete all necessary forms before my child(ren) attends the Warford After-School Program. I will notify Warford of any changes in registration information (address, phone, email address, place of employment, etc.).
- I understand and agree to pay the following fees for my child(ren) to attend the Warford After-School Program:
 - \$170/month – Member
 - \$190/month – Non-Member
 - \$70/month – Qualified Reduced Fee – Members
 - \$90/month – Qualified Reduced Fee – Non-Members
 - Insufficient Funds Fee/Returned Check – \$30
- No refunds will be provided after the first day of the month. Fees cannot be pro-rated or credited. Requests for refunds must be made in person and only upon written submittal of the request in accordance with the City of Amarillo Parks and Recreation Policies.
- The Warford After-School Program operates on the Amarillo ISD school calendar. The program will be cancelled when Amarillo ISD closes for the day. The program does not operate on early release days, inservice days, or school holidays.
- I understand that my child(ren) may bring appropriate personal belongs to the Warford Center and I will not hold the City of Amarillo responsible for the replacement or repair of any items that may be lost, stolen, or broken.



- I understand that if my child(ren) is posing a serious or recurrent behavior issue, he/she may be suspended or dismissed from the Warford After-School program and that payment is due for the time the child is suspended.
- Warford After-School Program has permission to secure emergency transportation for my child(ren) in the event of an illness or injury which requires emergency treatment. The emergency transportation services will determine the facility to which my child(ren) will be transported.
- I understand the City of Amarillo Parks and Recreation Department may take photos of individuals participating in programs and events. I understand that all photographs taken in association with all City of Amarillo Parks and Recreations activities and programs are for City's use only and may be used in future publication or advertisement. In further consideration of being allowed to participate, I expressly authorize the use of all photos and depictions of myself and/or my child(ren), if at all, in any future publications or advertisements.
- I have reviewed the City of Amarillo Parks and Recreation Youth Programs Standards of Care and Warford After-School Program Parent Handbook which contain detailed information on Warford After-School Program policies and procedures and are available online at www.amarilloparks.org. Hard copies are available upon request. I agree to abide by the requirements listed in this application as well as rules set forth in the Parent Handbook, and any modifications. I will keep myself informed of any modifications communicated by email and/or mail.
- I have read and agree to the terms of eligibility outlined in this application.
- I have been informed, acknowledge and understand the Warford After-School Program is not a licensed childcare program/facility.
- In consideration of being permitted by the City of Amarillo to participate in the Warford After-School Program I, on behalf of myself, my heirs, executors, administrators, and assigns do hereby release and hold harmless the City of Amarillo, its officers, employees, agents, assigns and successors from any and all claims, demands, damages of very kind, lawsuits, loss, judgments, costs, attorney's fees and interest that arises out of or relates to acts or omissions of myself of any other person or entity (singly or in combination), resulting in property damage, property destruction, personal injury or death sustained by the undersigned and or undersigned's property while engaged in the Warford After-School Program.
- All information provided on this application form is correct, and the child(ren) named above have permission to engage in all activities in the program except as noted.
- I understand that by digitally signing this application constitutes a legal signature confirming that I acknowledge and agree to all terms and all information provided is correct.

Parent / Guardian Signature

Date