



AFTER SCHOOL PROGRAM

3:00pm to 5:30pm

Monday through Friday



AUGUST 19 2013 TO MAY 2014

**GRADES: Headstart, Kinder, 1st & 2nd ,
3rd & 4th & 5th, 6th, 7th and 8th**

\$50.00 MONTH FIRST CHILD/\$35.00 SECOND/THIRD CHILD

***Organized programming begins at 3:30pm and
continues through 5:30 p.m.***

***Children will do homework and get assistance with
work if needed.***



***After homework, children may
participate in various activities such as arts and crafts,
reading, games, recreation activities, sports activities
and swimming.***

**REGISTRATION FORMS MAY BE PICKED UP AND RETURNED
TO THE**

**ABE MONTOYA RECREATION CENTER AT
1751 N. GRAND AVE.**

**FOR MORE INFORMATION CALL
426-1739 OR 426-3212**

VISIT US ON OUR WEBSITE www.lasvegasnm.gov

After School Program Agenda

➤ Monday

- 3:00 - Homework/snack time
- 4:00 - Outside/Board games
- 5:00 - Put away/Clean up time
- 5:30-End of the day

➤ Tuesday

- 3:00 - Homework/Snack time
- 3:30 - Swim Time
- 5:00 - Out of Pool
- 5:30 - End of day

➤ Wednesday

- 3:00 - Homework/Snack Time
- 4:00 - Arts and Crafts
- 5:00 - Put away/Clean up time
- 5:30 - End of day

➤ Thursday

- 3:00 - Homework/Snack Time
- 4:00 - Outside/Board games
- 5:00 - Put away/Clean up time
- 5:30 - End of day

➤ Friday

- 3:00 - Homework/Snack time
- 4:00 - Movie
- 5:00 - Put away/Clean up time
- 5:30 - End of day

****Every Friday kids pick a name out of a hat and take turns bringing a movie.****

**CITY OF LAS VEGAS ABE MONTROYA RECREATION CENTER
AFTER SCHOOL REGISTRATION FORM
AUGUST 2013 TO MAY 2014**



**3:00pm to 5:30pm
Monday through Friday**

**Head Start, K, 1st & 2nd GRADE,
3rd & 4th GRADE,
5th, 6th & 7th GRADE**

CHILDS NAME: _____

ADDRESS: _____

AGE: _____ **DATE OF BIRTH:** _____ **GRADE:** _____

HOME PHONE: _____ **WORK PHONE:** _____

FATHERS NAME: _____ **CELL PHONE:** _____

MOTHERS NAME: _____ **CELL PHONE :** _____

EMERGENCY CONTACT: _____ **PHONE #:** _____

FOR OFFICIAL USE ONLY

\$50.00 MONTH FIRST CHILD/\$35.00 SECOND/THIRD CHILD

AMOUNT PAID: \$ _____ **PAYMENT TYPE: (check/cash) CK #:** _____

CLERK SIGNATURE: _____ **DATE:** _____

**ALL RECEIPT'S MUST BE ATTACHED TO THIS FORM AND PARTICIPANTS NAME/NAMES
MUST BE ON RECEIPT (multiple children - make multiple receipts)**

AUGUST _____ 1/2 MONTH
SEPTEMBER _____
OCTOBER _____
NOVEMBER _____
DECEMBER _____ 1/2 MONTH

JANUARY _____
FEBRUARY _____
MARCH _____
APRIL _____
MAY _____



PARENT SIGNATURE: _____

COMMENTS: _____

MEDICAL HISTORY

Facts concerning child's medical history to which a physician should be alerted. All information obtained is considered confidential, except to medical provider. Please indicate if the participant has had, or is currently under treatment for any of the following conditions:

ASTHMA _____ DIABETES _____ SEIZURES _____
HEART PROBLEMS _____ HEPATITIS _____ MIGRAINE HEADACHES _____
BLEEDING DISORDER _____ HIGH BLOOD PRESSURE _____ EAR PROBLEMS _____
EMOTIONAL PROBLEMS _____ TETANUS (DATE): _____ INFECTIOUS DISEASES _____
MENINGITIS _____ MUSCULAR WEAKNESS _____ ALLERGIES _____
CONTACTS _____ REACTIONS TO MEDICINES: (please list): _____
LONG TERM MEDICATIONS (please list): _____
HOSPITALIZED FOR SERIOUS ILLNESS, SURGERY, and ACCIDENTS: Explain: _____

Has child ever been treated, informed of the need to be on antibiotic therapy prior to dental treatment YES _____
NO _____ PLEASE ADD ANY PROBLEMS NOT LISTED: _____

Please be advised that the City of Las Vegas recreation program does not have the ability to handle special needs children. If your child has special needs, they will need to be accompanied by a qualified professional that can care for their individual needs. **Please contact the Recreation department staff to set up any additional needs required.**

EMERGENCY MEDICAL AUTHORIZATION

I, Parent/guardian _____ hereby authorize medical treatment for my child, _____ who may become ill or injured while under program authority, when parents cannot be contacted. In case of an emergency, I hereby give my consent to transport my child to the following medical care providers; I give any reasonable and customary medical and health care deemed necessary.

PRIMARY PHYSICIAN: _____ PHONE NUMBER: _____

PRIMARY DENTIST: _____ PHONE NUMBER: _____

If for any reason the listed medical care provider cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care facility. This authorization does not cover any major surgery unless one other doctor/dentist concurs. Nothing in this section shall be constructed to impose liability on any recreation program staff, city official, or city employee whom in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

PARENT/GUARDIAN SIGNATURE

DATE

REFUND POLICY

Refund Policy/Corrections Procedure Administrative

Number A11-194

I understand that I will abide by the current Abe Montoya Recreation Center refund policy. A refund authorization request form must be filled out and submitted to Recreation office.

Parent/Guardian Signature: _____

PERMISSION TO ATTEND FIELD TRIPS/SPECIAL EXCURSIONS

During the camp program, participants may have the opportunity to attend field trips and special excursions. I understand that some field trips may require an additional fee to attend. Registration forms will be sent home and must be returned to Camp Director as soon as possible with full payment(if required). Pre registration is necessary to allow recreation staff to schedule transportation and supervision. I

_____ hereby authorize my child _____ to attend these trips with the recreation day camp program.

PARENT/GUARDIAN SIGNATURE

DATE

RELEASE OF LIABILITY

I/We do hereby agree to release, hold harmless, and forever give up claim against the City of Las Vegas, Recreation Dept., or any of its agents, representatives, and staff, volunteers that may arise for damages on account of bodily injury or property damages arising in any manner out of participation in the Recreation Department summer day camp program.

I/We understand that should any injury occur during participation in the aforementioned program, the City of Las Vegas, its agents, and/or its representatives cannot be held responsible; and I/We understand that by signing this form all legal rights to hold the City of Las Vegas, Recreation Dept. its agents, representatives, staff, volunteers, responsible are waived.

PARENT/GUARDIAN SIGNATURE

DATE

SECURITY

PICK UP AUTHORIZATION FORM

I, Parent/guardian _____ hereby authorize the following individuals to pick up my child, _____ from the recreation department program in my absence.

Names may be added or deleted to this list only by authorized parent/guardian. I understand that my child must be picked up within a reasonable amount of time and every effort will be made to pick my child up on time. I also understand there may be a fee if my child is picked up after 5:15pm.

NAME (please print)

PHONE NUMBER:

RELATIONSHIP:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BEHAVIOR

Camp staff must be free to administer and supervise the activities planned for the participants. Consequently, disciplinary problems are dealt with quickly, but fairly. Rules and regulations must be followed by all participants in our recreation program to provide the best quality programming. IF a participant breaks rules, a discipline procedure will be followed.

Disciplinary Action Report (DAR) will be filled out and submitted to the Recreation office and a copy will be sent home to parent with child.

First DAR, parents will be called regarding situation

Second DAR, child will be suspended from the program for the remainder of the day, and/or for the following day. If an event/field trip is scheduled during that week, child may lose his/her privilege to attend.

Third and final DAR, the child will no longer be allowed to attend the recreation program and all fees paid will be forfeited.

PARENT/GUARDIAN SIGNATURE

DATE