



2017 -18 WEDNESDAY LATE START ACTIVITIES REGISTRATION FORM

To assist families in planning for the 2017-18 school year late start Wednesdays, the Recreation Department Before & After School Activities Program staff will be available to provide activities for your child(ren) for the 90-minute period for \$8.00 per child per Wednesday. Spots are limited, please register early!

Due to staffing/classroom constraints we cannot accept children earlier than the times noted below - no exceptions!

BONNEY LAKE ELEMENTARY, CRESTWOOD ELEMENTARY & MAPLE LAWN ELEMENTARY

Students attending Bonney Lake Elementary, Crestwood Elementary or Maple Lawn Elementary will be cared for in their respective school gymnasium beginning at 8:15 AM and will be released to their classrooms in time for their 10:00 AM starting time.

DAFFODIL ELEMENTARY

Daffodil Elementary students will be cared for at Robert Miller Gym beginning at 8:50 AM and will be released to their classrooms in time for their 10:35 AM starting time.

LIBERTY RIDGE ELEMENTARY/VICTOR FALLS ELEMENTARY

Students attending Victor Falls Elementary and Liberty Ridge Elementary will be cared for in the Victor Falls gymnasium beginning at 8:15 AM until school starts at 10:00 AM. Liberty Ridge students will be taken via Sumner School District bus to their school in time for school to begin.

EISMANN ELEMENTARY & EMERALD HILLS ELEMENTARY

Students attending Eismann Elementary and Emerald Hills Elementary will be cared for in their respective gymnasium beginning at 8:50 AM. Students will be released to their classrooms in time for their 10:35 AM starting time.

ALL STUDENTS MUST BE ACCOMPANIED TO THE GYM AND SIGNED IN BY PARENT/GUARDIAN.

*Liberty Ridge and Daffodil students arrive at their school in time to participate in the morning breakfast program if they choose.

HOW TO REGISTER:

Attached to this letter is the registration form. A completed registration form and payment at least 10 days in advance is required for your child(ren) to participate. A new registration form is required each school year.

The cost of the program is \$8.00 per child per Wednesday. Punch cards in \$80 increments are available for purchase at the Recreation Department. Punch cards are kept on file at your selected location and are valid ONLY for the 2017-18 school year.

Please make checks payable to: Recreation Dept.

MAIL IN

Recreation Department
1202 Wood Avenue
Sumner, WA 98390

FAX IN

(253) 891-6515

WALK IN

Office located at Robert Miller Gym
(behind Daffodil Valley Elementary)
15206 Daffodil Street Ct. E, Sumner

SCAN/EMAIL

recreation@sumnersd.org

Wednesday Late Start Registration 2017-18

Child #1 _____ Child #2 _____
Parent(s) Name: _____ Cell (Mom) _____ Cell (Dad) _____
Address: _____ City: _____ Zip: _____
Email address: _____
Mother's Place of Work: _____ Father's Place of Work: _____
Home _____ Mother's Work _____ Father's Work _____ Emergency Phone: _____
Phone: _____ Phone: _____ Phone: _____ Name _____
Child #1: Gender M F Grade _____ Age _____ School Attending _____
Child #2: Gender M F Grade _____ Age _____ School Attending _____
Person(s) authorized to pick up child(ren) (include yourself) _____

Person(s) not authorized to pick up child(ren) (Court ordered paperwork for that parent must accompany registration form)

Letter of Agreement - (Please sign below)

I give my child(ren) permission to participate in all Wednesday Late Start programs.

I give the Sumner School District permission to transport my child(ren) to and from site to school. via Sumner School District bus.

I give the Recreation Department permission to call an ambulance, at my expense, in case of emergency.

I understand that the Wednesday Late Start program does not provide any health or accident coverage for its participants.

I understand it is my responsibility to provide my own accident and health insurance while participating in all Wednesday Late Start activities.

I promise to pay all monies owed to the Recreation Department as a result of being a participant. I understand that I will not be reimbursed for any fees.

I hereby assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims of legal actions, financial or otherwise, against the City of Bonney Lake and the Sumner School District. In the absence of signature, payment of fee and participation in the program shall constitute acceptance of the conditions set forth in the release.

I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other records of this program for promotional purposes.

If my child(ren) has any form of a cast or has been treated recently, I will provide a physician's statement that it is safe for my child(ren) to be active in the program. Our department will not be responsible for additional injuries sustained by your child(ren) because he/ she was previously injured.

If my child has an IHP, I understand that additional paperwork may be required before my child can participate.

Medical Treatment Authorization

As a parent or legal guardian, I authorize and consent to any examination, medical or surgical treatment rendered by my family physician listed below or, if my physician is unavailable, by any member of the medical staff of the nearest emergency medical facility. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physicians in the exercise of their best judgement. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the undersigned cannot be reached.

Child #1: Allergies to food or drug: _____ Special medications or problems: _____
Family Physician _____ Location _____ Phone: _____

Life threatening medical condition: _____ Describe: _____

Child #2: Allergies to food or drug: _____ Special medications or problems: _____
Family Physician _____ Location _____ Phone: _____

Life threatening medical condition: _____ Describe: _____

Parent/Guardian Signature _____ Date _____

Recreation Department Approval: _____ Initials: _____

Please return this registration/information sheet to us at time of registration.
Allow 10 days for processing of registration and punch card.
Please call our office at (253) 891-6500 if you need additional information.