

5. MEDICAL INFORMATION (For Enrollee)

Doctor _____ Clinic/Office/After-hours Phone _____

Medical Insurance _____ Carrier Policy # _____

Please circle and explain medical, special needs or illnesses:

Allergies	Medications	Physical Limitations	Diet Restrictions
_____	_____	_____	_____
_____	_____	_____	_____

6. FOR CHILDREN UNDER THE AGE OF 18:

I hereby make the following provisions for the daily pick up or release of my child: _____

Child's Name

_____ Child may walk home.

_____ Child may be picked up by parent/ guardian only.

_____ Child may be picked up by one of the following individuals and ONLY those individuals:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

7. ACCESSIBILITY The City of Oakland Office of Parks and Recreation (OPR) is fully committed to compliance with provisions of the Americans with Disabilities Act. Please direct all inquiries concerning program and disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 615-5980 or smeans@oaklandnet.com. TDD callers please dial (510) 615-5883. Please describe below special accommodations you or your child need to participate: **TITLE VI COMPLIANCE AGAINST DISCRIMINATION 43CFR 17.6(b):** Federal and City of Oakland regulations strictly prohibit discrimination on the basis of race, color, national origin, age, handicap, gender, sexual orientation, AIDS or ARC.

8. RELEASE WAIVER I hereby release and hold harmless the City of Oakland and the Office of Parks and Recreation, its directors, officers, employees, agents and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss, and expense, including attorney fees and court costs, whether based upon causes of action for strict liability, negligence, gross or otherwise, in connection with the participation of me or my child in any activity conducted by the Office of Parks and Recreation, whether on its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on the behalf of my spouse and any other parent or guardian of the enrollee, and as legal representative and guardian of the enrollee.

9. AUTHORIZATION FOR MEDICAL TREATMENT I hereby consent and authorize the City of Oakland and Office of Parks & Recreation staff to obtain emergency medical care for myself or my child for any injury that may result from participation in the activities of the Office of Parks & Recreation or on or about its premises. I understand that the City of Oakland, the Office of Parks and Recreation do not provide medical insurance coverage for participants of this program.

10. REFUND POLICY Refund amounts are set by the the City Council in the City of Oakland Master Fee Schedule. The amount of your refund is determined by how late you requested a refund and the activity enrollment or facility rental for which you paid. You may be charged an administrative fee for cancellations or transfers. If you have any questions, please contact the recreation center or program coordinator.

11. AUTHORIZATION FOR MEDICAL TREATMENT

I hereby consent and authorize the City of Oakland and Office of Parks & Recreation staff to obtain emergency medical care for myself or my child for any injury that may result from participation in the activities of the Office of Parks & Recreation or on or about its premises. I understand that the City of Oakland, the Office of Parks and Recreation do not provide medical insurance coverage for participants of this program.

12. PHOTOGRAPH/VIDEO RELEASE

I agree to let the Office of Parks and Recreation use my child's name and likeness free of charge and in any manner for any lawful purpose including in its publication and website and/or other publications for the purpose of documenting and promoting use of the Office of Parks and Recreation services and programs.

Parent/Guardian Initials: _____

13. Sign-in and Sign-out Procedures/ Late Pick-ups

All students must be signed out of the program everyday by persons designated on registration form. If running late please call the office at (510) 597-5027 to notify staff. Late fee of \$1 per minute will be charged starting at 6:35pm.

HEALTH

14. HEALTH

Help us maintain a healthy community at Studio One. Please do not send your child to Studio One if he or she has a contagious illness. Contagious illnesses including Pink Eye, Stomach Flu, Hand Foot Mouth Disease, Fifth Disease ("Slapped Cheek"), Ring Worm, and Lice, must be reported to Studio One so that other parents may be notified.

Health Policy

Studio One Art Center is equipped to care only for children who are in good health. Children may NOT attend the program if they exhibit any of the following symptoms:

- Fever of 100 degrees or more
- Vomiting or diarrhea
- Severe nasal or eye discharge
- Any unidentified rash
- A contagious disease (chicken pox, measles, lice and ring-worm) If your child has a communicable disease or specific allergy, please notify the director as soon as possible. If a student becomes ill during programming, parents will be contacted to make necessary arrangements to pick up the child. Telephone Policies: Emergency calls to students should be made to Studio One Art Center

Studio One has a NO cell phone policy. In case of emergency students will always be allowed to use the Office phone. On occasion where consultation is required with a parent or guardian, a program staff will accompany the student to the phone where a call may be placed. Emergency calls to students should be made to Studio One Art Center (510) 597-5027.

15. INJURY POLICY

Program staff will treat routine scrapes and cuts with water and a band aid only. In all cases of serious illness or accident, the Center Director or Program Coordinator will contact the parent or guardian. In the event they cannot be reached, the signed authorization on the child's health form will allow Studio One Art Center to secure prompt treatment. Injuries requiring ambulance service and medical attention are the financial responsibility of the parent or guardian.

16. MEDICATION POLICY

All prescribed oral or topical medication for the student which must be administered during the program hours, requires written permission from the parent and written instructions from the physician or dentist. The medication must be in its original container labeled with student's name, dates and the amount and frequency of dosage clearly labeled. Medication forms must accompany prescription.

17. BEHAVIOUR MANAGEMENT/GENERAL GUIDELINES

Program Rules

- Show respect for yourself, others & the environment
- Stay with the group at all times
- Play safely and fairly
- Follow all facility and park rules

Children are entitled to a pleasant environment at Studio One. Therefore, Studio One Art Center cannot serve children who display:

- Physical harm or verbal harm to oneself or others
- Ignoring or disobeying program rules
- Disrespectful or unsafe behavior that requires constant one on one attention from the staff, as this makes an unsafe

Parent/Guardian Initials: _____

environment for other student.

If a child cannot follow the above guidelines they may be dismissed from the program.

Action Steps

- Redirect children to more acceptable behavior or activities
- Guide children to resolve their own conflicts and model skills that help them to solve problems
- Patiently remind children of rules and their importance as needed
 - If a child receives two written behavior reports during the program, the child will be temporarily suspended. At this time the parent and Center Director or Program Coordinator will have a conference in order to determine conditions for reinstatement.
 - If the severity of a problem is great enough, dismissal from the program can be effective immediately.

I hereby have read and understand the terms of Studio One Art Center and its camp policies. Please sign and date below.

Dear Parents and Guardians of Studio One Art Center,

All Parents/Guardians are strongly encouraged to take the anti-bullying pledge. As a Participant of Parks & Recreation Programs, we believe that everyone, provided with an opportunity, has a positive role to play. As a community made up of parents, students, artists, and staff, we have the responsibility of making sure that no one is left out or behind because of others' actions or lack of action.

PLEDGE MUST BE SIGNED AND RETURNED IN ORDER FOR REGISTRATION TO BE COMPLETE!

PARENTS ANTI-BULLYING PLEDGE

We the Parents/Guardians of _____ agree to join together to stamp bullying and behaviors that discourage others from learning or being able to fully engage in the program.

We believe that everyone should enjoy our centers equally, and feel safe, secure, and accepted regardless of color, race, ethnic identity, nationality, gender, gender identity, special needs, popularity, economic status, athletic ability, intelligence, and religion.

Bullying can be pushing, shoving, hitting, spitting, name calling, picking on someone, making fun of, laughing at, and excluding someone. Bullying causes pain and stress to victims and is never justified or excusable as "kids being kids", "just teasing", or any other rationalization. The victim is never responsible for being a target of bullying.

We will not be able to accept the following behaviors; hitting, spitting, kicking, punching, name calling, extreme sexual behaviors, uncontrollable screaming, or other violent behaviors are all consider bullying.

By signing this pledge, we the Parent/Guardians agree to:

1. Keep my child and ourselves informed and aware of Studio One's bullying policies.
2. Work in partnership with Studio One to encourage positive behavior, valuing differences and promoting sensitivity toward others.
3. Discuss regularly with my children their feelings about Studio One programs, friendships, and relationships.
4. Inform Studio One's staff of changes in my children's behavior or circumstances at home that may change their behaviors at Studio one.
5. Alert Studio One staff if any bullying has occurred.
6. Report all incidents of bullying to Studio One Art Center Staff.
7. Participate fully and contribute to help stamp out bullying at school

Parent/Guardian Signature: _____

Print Name: _____ **Date:** _____

Parent/Guardian Initials: _____