



MANUEL PORTILLO

**CASA
DE
SALUD**
YOUTH CENTER

PARENT INFORMATION PACKET

Casa De Salud Youth Center
1408 Harding Ave.
National City, CA 91950
(619) 336-6757

AGES:
8 – 17 years old

Normal Hours of Operation:
**Monday, Tuesday, Wednesday,
Thursday & Friday**

3:00 pm – 7:00 pm

Saturday & Sunday: CLOSED

Membership Packet Valid from July 1, 2020 to June 30, 2021.

New membership packet will be required every July. Please let staff know if any important information changes.



WELCOME TO CASA DE SALUD YOUTH CENTER!

The City of National City and Community Services Department would like to welcome you and your child(ren) to Casa De Salud Youth Center, a supervised recreational drop in program for students ages 8 - 17 years old. The 2020 - 2021 drop in program will be offered every day, Monday through Friday, at 1408 E. Harding Avenue, National City, 91950.

At Casa De Salud, we provide a safe environment for children with activities that enhance children's physical, social, and cognitive development. Experienced staff lead children in activities such as games, sports, crafts, science, fitness, field trips and special events. Homework time is designated daily and assistance is offered by staff. Please note that this is a drop in program and is not child care. We look forward to a great year!

GENERAL PACKET INFORMATION

This parent packet provides an overview of our youth program. To ensure that your child gets the most out of our daily activities and programs we would like you and your child to read over all packet information provided. All forms attached to this packet must be returned by a parent/guardian in person before your child is allowed to participate in any activity.

Please allow ten to fifteen minutes when turning in forms so that recreation staff has time to talk to each parent/guardian individually. All parents/guardians will be given a tour of the facility with a recreation staff, handed the monthly calendar, and shown where their child will need to sign in. All forms will need to be filled out annually. The City of National City and Casa De Salud Youth Center calendar year is from July 1, 2019 – June 30, 2020.

Included in this packet you will find a form titled **Program Beneficiary Data for CDBG/Home Funded Projects**. Though this form is not required to be filled out we do ask that all parents/guardians please fill out the form and turn it in to staff. **Filling out this form allows us to provide daily snacks, activities, special events and field trips throughout the year.** Without this annual grant money we would not be able to provide all Casa Members with the same free services currently offered. Please help us with our goal of getting one hundred percent of forms turned in!

Thank you in advance for enrolling your child in our program.



ABOUT CASA DE SALUD

WHO CAN PARTICIPATE

The center is open to all children both residents and non-residents ages 8 – 17 years of age. Age will be verified by recreation staff by showing the child's birth certificate or school ID.

REGISTRATION

All Casa Members of the drop-in afterschool program must have a parent/guardian complete and turn in all forms attached to the back of this packet in person before children are able to attend.

FEES

Casa De Salud Youth Center offers a free drop-in after school program. Attending Casa De Salud Youth Center is a privilege and Casa Members are expected to comply with all rules and maintain good behavior.

PROGRAM HOURS

Monday – Friday: 3:00 pm – 7:00 pm

Saturday- Sunday: CLOSED

Casa De Salud observes City and national holidays. Hours and programs are subject to change based on holidays and City closures. Staff will make every effort to keep parents and children informed of these closures.

CONTACTING PROGRAM SUPERVISOR

To speak with the program supervisor or administrative staff, please call the National City Community Services Department at (619) 336-4352. The administrative staff can be reached from 7:00 am - 6:00 pm Monday-Thursday. Beyond regular business hours, you may leave a message with recreation staff at Casa De Salud or send an email to the Recreation Supervisor.

Recreation Supervisor: Elyana Delgado

Email: edelgado@nationalcityca.gov

STAFF

The Casa De Salud staff consists mostly of college students with recreation and child development majors and college graduates. Many of the staff have taken or are currently enrolled in child development, education, and recreation classes. All recreation staff are CPR, First Aid, and AED certified. In addition, staff go through the Live Scan fingerprinting process. The City of National City and Community Services Department conducts bi-monthly staff meetings with focused training. The staff strives to make Casa De Salud an exemplary youth program!

PARENT COMMUNICATION

We strongly encourage parent communication and cooperation with the staff. Good communication with each parent helps Casa De Salud staff relate to the children most effectively. Please feel free to communicate any special needs or address any concerns that you may have to the staff. The staff will inform you of any behavior concerns regarding your child when necessary. Under no circumstances should a parent of one child attempt to discipline another child. In such a case, please address your concerns to staff.

CONTACTING SITE STAFF

Staff can be contacted at the Casa De Salud office phone during operational hours. Please call this number if you need to communicate with site staff during open hours. (619) 336-6757. **Kind reminder:** Do not call or text staff on their personal cell phones.

CHILDREN USE OF OFFICE PHONE

Phone use is made available to children only to get in contact with parent/guardian or in an emergency situation. Casa Members are always to ask a staff member for permission before using the phone. A staff member will accompany all children in the office while using the phone and talk to the parent/guardian to verify any change of plans, etc.

EMERGENCY INFORMATION

In the event of an accident or emergency, parents/guardians will be contacted immediately. If we are unable to reach you, we will contact those listed on the youth information form. If no one can be reached, we will seek emergency medical care by calling 911.

Please make sure all the information on your child's registration form is current and accurate. If you move or change phone numbers (work, cell, or home), please make sure that the information on your emergency forms is updated immediately.

PROGRAM SCHEDULE

Children are encouraged to participate in the variety of programs offered and can choose between the different activity stations offered.

HOMEWORK & TUTORING CLUB

Homework & Tutoring Club will be offered Monday-Thursday from 3:30 pm – 4:30 pm times are subject to change depending on demand. The club will be led by recreation staff and will be structured to begin with group homework assistance and one on one tutoring available as requested. This will be a time for students to complete their homework and ask any questions they may have from our staff. Staff will be available to help with homework but it is the parent/guardians responsibility to ensure their child has completed all their homework.

PHYSICAL ACTIVITIES

Physical activities, games and fitness are scheduled often in an effort to help children stay healthy and physically fit. If your child has any limitations that may affect his/her ability to participate in physical activities, please be sure to inform the Casa de Salud staff.

SNACKS

Snacks will be provided on a daily basis. Please make sure the staff is aware of all food allergies and/or dietary restrictions.

COMPUTER USE

The computer use is for Casa De Salud members only. Each Casa Member must sign-in at the computer use form and ask staff before any computer use.

- Computer use is prioritized for youth who will be using the computer for homework and/or research
- Internet surfing and gaming will be limited to 1 hour so all Casa Members will have a chance to use the computers
- Viewing obscene material, sites that advocate discrimination and violence is prohibited
- No social media allowed on the computers
- Downloading any programs or materials is not allowed
- Save personal work on a USB not on the computer
- Absolutely no food or drinks are allowed by the computers (including water)
- Ask a staff member for assistance if needed

- Horseplay is not allowed by any of the computers
- It is prohibited to eat or drink while using the computers.
- Access to social media accounts is prohibited on Casa de Salud computers.

Failure to abide by the computer rules will result in children being unable to use the computers.

VIDEO GAMES

Video Games area significant investment from the Community Services Department, the audio and video equipment has been funded and provided at a very expensive cost, therefore we expect everyone to treat the equipment with respect and use responsibly. The ability to use this equipment is a privilege. **Casa De Salud reserves the right to suspend that privilege to anyone at any time for any reason.** Casa Members must be at least 8 years old to use any video game equipment. They must have a registration packet on file that is signed by a parent before they can use any equipment. The use of equipment will be monitored by staff for the safety of the Casa Members. Casa De Salud has the right to limit the number of students using the equipment.

FIELD TRIPS

Field trips will be scheduled, as time and funds permit, to great locations in the area. In the special case of a field trip, parents will be notified. Special permission slips will be sent home to be signed by a parent/guardian before children can attend any field trip.

PERSONAL PROPERTY

We provide all the activities and materials your child needs. The Casa De Salud staff will not be responsible for personal items. Please do not send items or valuable games that could be stolen, lost or broken. Casa De Salud Youth Center will provide the necessary materials for the activity and programs each day. Cell phones are not to be used during homework tutoring hours. Children using cell phones will be asked to put them away. The City of National City Community Services Department is not responsible for the children's personal belongings.

CASA BUCKS INCENTIVE PROGRAM

Casa Members are rewarded for their outstanding behavior, positive attitude, and program participation by receiving *Casa Bucks*. *Casa Bucks* are a part of our incentive program where Members are able to redeem their awarded *Casa Bucks* for delicious goodies or other prizes during operating hours. *Casa Bucks* are distributed by staff members based on behavior, positivity, and participation. In order for *Casa Bucks* to be considered valid, they must be initialed and dated by a staff member, and stamped with the, "Treat Yourself," stamp. *Casa Bucks* cannot be sold or traded for actual money. If a member is found using *Casa Bucks* unlawfully, they will be confiscated by staff and further disciplinary action will take place.

CASA MARKET

When Casa Members have earned a sufficient amount of *Casa Bucks*, they can redeem them for goodies or save them for particular prizes. Casa Market is available to Casa Members during operating hours. We encourage members to be responsible and remember to bring their *Casa Bucks* in order to redeem goodies and prizes for the Casa Market.

RECYCLING PROGRAM

Another great way for Casa Members to earn *Casa Bucks* is by bringing in recyclables such as plastic bottles and aluminum cans. The recycling program teaches Casa Members learn the ways in which they are helping the environment while fundraising for the Casa de Salud Youth Center. Funds from the recycling program are used for field trips, activities, special events, professional and academic workshops, and other commodities not

covered by the grants awarded to Casa de Salud Youth Center. The amount of *Casa Bucks* given to a Casa Member for bringing in recyclables will depend on the amount they bring.

DISCIPLINE POLICY

It is the desire of the recreation staff that all children enjoy their time in the drop in program; however, abiding by age appropriate rules is expected of all children. To prevent the need for discipline, the City of National City Community Services Department staff utilizes positive reinforcement techniques while communicating with the children. Recreation staff recognizes and rewards appropriate behavior. If there is a need for discipline, appropriate action will be taken.

The procedures used by the staff are designed to be fair, consistent and effective. First, the staff and child will discuss the inappropriate behavior and expectations of the child. If the problem continues, the child could have a warning, a call to parents/guardian and/or participation privileges taken away. Youth may be removed from the situation, if this is deemed necessary, but will at no time be left alone. Parents will be notified when the youth misbehaves. Continuous or major disciplinary problems could result in your child being suspended or expelled from the program. It is essential that parents and staff work together to make each day an enjoyable one for all children that attend.

Unacceptable Behavior (includes but is not limited to):

- Using foul language
- Disrespecting another youth, staff, parents/guardians
- Fighting
- Refusing to take part in activities
- Ignoring or disobeying rules of safety
- Public or inappropriate displays of affection
- Defacing property or vandalism
- Stealing

Zero Tolerance Behavior –Behavior that threatens or harms another person (adult or child) will not be tolerated. If your child exhibits this type of behavior you will immediately be called to pick your child up, and services will be terminated. Types of behavior include fighting, violence with the intent to harm physically, mentally or emotionally, action deemed to be inappropriate or dangerous to themselves or others, aggressive intimidation, theft, destruction of property, carrying objects that would be deemed a weapon, possession of tobacco, alcohol, or illegal substances.

All Children and Parents are required to sign the Code of Conduct Form attached to the back of this packet

SIGN IN & SIGN OUT

The Casa De Salud Staff Responsibility Begins When Your Child Enters & Scans-in to the Program

Casa Member SCAN IN

All participants must scan-in upon arrival to Casa De Salud and before participating in any activity.

Casa Member SIGN OUT

All Casa Members under the age of 12 years old (or 7th grade with school ID) are required to be signed out by parents. If you wish for your child to sign themselves out and walk home you must complete the walk home authorization form attached to this parent packet. In the interest of your child's safety, after a child signs themselves out and leaves Casa De Salud he or she may not return until the following day. The primary reason for this is to encourage Casa Members to stay at the youth center for as long as possible, rather than leave the premises unsupervised.

All youth with a walking home authorization form and under the age of 15 will be released to walk home thirty minutes before dark. If a child is under the age of 15 and is still at Casa De Salud after dark due to a parent's permission, special event or field trip a parent/guardian will be called to pick up their child.

LATE PICK UP

The closing time of the program are **Monday – Friday at 7:00 p.m.** You must pick up your child by this time. Late pick-ups after closing of Casa de Salud Youth Center are not allowed. Should you be delayed please contact staff at (619)336-6757, it is required that you make arrangements for another authorized person to pick up your child. Should any child be left after the closing the following action will be taken:

If parent/guardian is more than 5 minutes late, staff will call the parent. If parent/guardian cannot be reached staff will call people from the authorized pick-up and/or emergency pick-up list. If more than 30 minutes past closing time with no contact from the parent or emergency contacts, National City Police Department will be called to pick up the child. Staff realize that emergencies do happen and ask families to communicate with us if needed.

If a parent/guardian is late to pick up a child three times they will have the youth's membership suspended for three months. If you wish for your children to walk home please sign the attached walking home authorization form.

PARENT VOLUNTEER & VISITATION POLICY

The City of National City and Community Services Department is committed to providing safe and quality programs for your children. For the safety of the children at the Casa De Salud Youth Center, The City of National City does not allow parents to volunteer at Casa De Salud Youth Center unless given permission by the supervisor and completing a background check. Parent volunteers will only be used at Casa De Salud during one day special events. Any parent that wishes to volunteer will have to go through The City of National City's volunteer background check and fingerprinting (*for more information on volunteering please call or email program supervisor*).

Parents are also not permitted to make extended visits during program hours. If you need to drop off a snack or talk to your child during program hours and you are not checking your child out, please limit your visit to

less than five minutes. Engaging in activities or interacting with other children during program hours is prohibited. The limited visitation time allows for our staff to have better supervision of the children, limit their exposure to strangers and ensure a safe environment. If a parent/guardian needs to accompany their child while at Casa De Salud for any special circumstances please contact the Recreation Supervisor at (619) 336-4352.

SPECIAL EVENT DAYS & PARENT DAYS

A few times a year there will be special events held at Casa De Salud where parent(s)/guardian will be invited to attend. Staff will hand out special fliers for these days to inform you of dates and times.

PHOTOGRAPHS

City staff wearing City ID Cards will occasionally visit Casa De Salud with a camera (video and photograph) in hand. The City of National City may use your child(ren)'s photographs and images for the purpose of publicizing and marketing City activities, educational purposes and City Meetings. No compensation will be given for use of these photographs and these images will become the sole property of the City of National City.

CASA MEMBERSHIP MATERIALS

All forms attached must be completed and returned to Casa De Salud.

MEMBERSHIP FORMS TO COMPLETE

1. National City Registration Form
2. Youth Information Form (For Emergency Contact Information)
3. Code of Conduct
4. Walking Home Authorization Form
5. Video Game Agreement
6. Parent Visitation Agreement
7. CDBG Form

Staff Receiving Initial: _____

Date: _____

CASA DE SALUD YOUTH INFORMATION FORM (please print)

First Name: _____ Middle: _____ Last: _____

Birth Date: _____ Age: _____

School: _____ Grade: _____ (Entering Academic School Year)

Gender: (Check One) Male Female Allergies: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile number: _____

Emergency Contact: _____ Emergency Phone: _____

Primary Parent/Guardian Contact Information (please print)

First Name: _____ Last Name: _____ Gender: _____ Birth Date: _____

You can contact me through the following methods (check all that apply) Phone Email Text Mail

Work Phone: _____ Home Phone: _____

Cell Number: _____

Parent's Email Address: _____

Secondary Parent/Guardian Contact Information (please print)

First Name: _____ Last Name: _____ Gender: _____ Birth Date: _____

You can contact through the following methods (check all that apply) Phone Email Text Mail

Work Phone: _____ Home Phone: _____

Cell Number: _____

Parent's Email Address: _____

Pick-Up Authorization

All Casa Members **MUST** be picked up by the parent/guardian or identified and authorized person unless they are allowed to walk home. Please indicate below who is authorized to pick up your child if different from above.

My child is authorized to be picked up by:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Code of Conduct

The code of conduct is as follows:

- I will honor the Casa De Salud Youth Center member code of conduct.
- I will respect myself, fellow members, staff, and the facility.
- I will scan in upon arrival and scan out as I am leaving the facility.
- I will remain drug, alcohol and tobacco free.
- I will use appropriate language.
- I will be responsible for all my personal belongings.
- I will cooperate with all directions and requests by all staff.
- I will keep my hands, feet, and any other parts of the body to myself.
- I will eat or drink only in designated areas and dispose of garbage properly.
- I will use only assigned Enter and Exit ways to enter and exit the Youth Center.
- I will remain free of weapons including those that resemble real weapons with peaceful intentions.

I agree to follow all rules outlined above. I understand that failure to comply with these rules will result in disciplinary action. Actions for offense are as follows:

First Offense: Verbal Warning

Second Offense: A call to parents will be made

Third Offense: A one week suspension from Casa de Salud

Fourth Offense: Indefinite suspension, return to Casa de Salud may be granted once parent/guardian, youth and program supervisor meet to sign a behavior contract that all parties agree upon.

If first offense is severe then appropriate measures will be taken by the program supervisor.

Member Name (PRINT): _____

Member Signature: _____ Date: _____

Please sign as acknowledgement and receipt of the Manuel Portillo Casa De Salud Youth Center Code of Conduct. I understand that I am responsible for reviewing the Code of Conduct with my child and will assist Manuel Portillo Casa De Salud Youth Center in adhering to the principals of the Code of Conduct.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

This form will remain in your child's file

Walk Home Authorization Form

Valid from July 1, 2020 to June 30, 2021.

Form is only valid during those dates, new form will be required every July.

Dear Parent or Guardian:

For the safety and security of our program Casa Members, parents/guardians or authorized persons are required to pick up child from Casa de Salud Youth Center. If your child is 12 years old you have the option to give them permission to walk home alone from Casa de Salud, we must have this form signed and returned to the Casa de Salud Youth Center. Your child will not be allowed to leave the after school program unaccompanied until this form has been turned into a City of National City recreation staff in person. Copies of this form will be kept on file at Casa de Salud Youth Center. Please ensure you update this information accordingly should changes arise.

I do/do not (circle one) give permission for my **Child (print name):** _____ **Age:** _____

Grade: _____ to sign themselves in and out and **WALK HOME ALONE FROM CASA DE SALUD YOUTH CENTER.** **Please release my child 30 min before sunset (or specified time):** _____

I am aware that once my child leaves the youth center, there is no adult supervision for them. I have made my child aware that, for their safety, they are not allowed to loiter around the premises after they sign out or at any nearby business, and they are to go directly to their destination. Once children scan out they are not allowed to scan back in until the next day.

I understand by signing this release that my child will not be supervised by an adult during this time and City of National City, or any of its employees may not be held responsible should anything happen to my child.

Parent Name : (please print) _____ **Date:** _____

Parent Signature: _____

Staff Receiving Form: _____ **Date:** _____

When walking home, please remind your children of the following safety guidelines:

- *Go directly from Casa de Salud to your home or designated place.
- *Youth should only return to Casa de Salud Youth Center in the event of an emergency.
- *Walk home using the sidewalk or walking path; cross only at designated crosswalks.
- *Obey all traffic signs and signals.
- *Check in with a parent or other designated adult/sibling when you get home.

VIDEO GAME AGREEMENT FORM

This Video Game Agreement represents a significant investment from the National City Community Services Department. The audio and video equipment has been funded and provided at a very expensive cost, therefore we expect everyone to treat the equipment with respect and responsibility. The ability to use this equipment is a privilege. **Casa De Salud staff reserves the right to suspend that privilege to anyone at any time for any reason.**

Casa Members must be at least 8 years old to use any video game equipment. Parents must have completed and signed required membership forms before they can use any equipment. Members must check out and check in video game equipment. The use of equipment will be monitored by staff for the safety of Casa Members. Casa De Salud has the right to limit the number of students using the room.

Video/Game Room Rules:

- * Foul language is not permitted.
- * Do not misuse the equipment.
- * Casa Members are not allowed to let anyone else use equipment checked out to them.
- * Do not change games or adjust video or audio. If you need assistance, ask staff for help.
- * Only games previewed and authorized by Casa de Salud Supervisor will be allowed.

Only games with the following rating are allowed, but must first be approved by Casa de Salud Supervisor:



EVERYONE

Titles rated E (Everyone) have content that may be suitable for ages 6 and older. Titles in this category may contain minimal cartoon, fantasy or mild violence and/or infrequent use of mild language.



EVERYONE 10+

Titles rated E10+ (Everyone 10 and older) have content that may be suitable for ages 10 and older. Titles in this category may contain more cartoon, fantasy or mild violence, mild language and/or minimal suggestive themes.



TEEN

Titles rated T (Teen) have content that may be suitable for ages 13 and older. Titles in this category may contain violence, suggestive themes, crude humor, minimal blood, simulated gambling, and/or infrequent use of strong language.

CHECK IN/OUT GUIDELINES:

- * All first time Video/Game Room Casa Members must read and agree to the Video/Game Room Rules and Guidelines before being allowed to participate. They must also have a registration packet on file and signed by a parent.
- * Staff will obtain your Casa ID card and signature before issuing any Video Game equipment.
- * If there is any problem with equipment, staff should be notified immediately.
- * Return all equipment for inspection and sign out.

Damages to the equipment will be handled as follows:

- * If any of the equipment is damaged or not working properly, notify staff immediately to ensure that you do not incur any fault.
- * Intentional damage or theft of any equipment will result in privileges taken away and/or expulsion.
- * Casa Members who fail to return any equipment will have to meet with the Casa de Salud Supervisor immediately to determine their Video Game participation.

Consequences for not abiding by the Rules:

- * Minor Offense = Casa Member will be asked to leave the Video/Game Room if they do not comply with the above rules or any other rules imposed by Casa De Salud
- * Major Offense or Second Minor Offense = Video/Game Room privileges will be suspended for one week. Parent(s) will be contacted.
- * Continued Offense = Video/Game Room privileges will be suspended for minimum of 2 months and student will have to meet with the Casa de Salud supervisor.

I have read all the rules and guidelines for using the Video/Game Room at Casa de Salud and I agree to follow them. I will be respectful and responsible while using the equipment issued to me. I understand that using this Video Game/Room is a privilege and that my actions will decide my privileges to the Video/Game Room equipment at Casa de Salud.

Casa Member Signature: _____

Date: _____

Casa Member Print Name: _____

I have carefully read the Video Game Agreement Contract. I have had the opportunity to ask questions and have them answered. I am confident that I fully know and understand all rules and guidelines for using the Video/Game Room at Casa de Salud. I, the parent/guardian of the above named student, do hereby give my approval of his/her use of the Video/Game Room.

Parent Name: _____

Date: _____

Parent Signature: _____

PARENT VISITATION AGREEMENT

Dear Parents or Guardians:

Casa de Salud Youth Center is a supervised recreational drop in program for youth between the ages of 8- 17 years old. Casa de Salud Youth Center has been awarded funding which limits the age range of those allowed to participate in programing and entering the facility. No parents, former employees or volunteers, family members, etc., are allowed to enter the facility unless it is for pick up and drop off purposes and they will only be allowed into the lobby area. City Staff and authorized volunteers are the only individuals allowed in the Casa de Salud Youth Center during operating hours.

Having unauthorized personnel in the facility puts the Casa de Salud Youth Center at risk for losing its awarded funding therefore eliminating the programing and activities available to the community. The City of National City and Community Services Department is committed to providing safe and quality programs for the community. For the safety of the members at Casa De Salud Youth Center, The City of National City **does not allow parents to enter the Casa De Salud Youth Center.**

If parents or individuals over the age of 18 are found in the facility during operating hours, they will be asked to leave immediately. Parents are not permitted to make extended visits during operating program hours. If you need to drop off a snack or speak to your child during operating hours, please limit your visit to less than five minutes. The limited visitation time allows for our staff limit Casa Members' exposure to strangers and ensure a safer environment.

There will be special events held throughout the fiscal year at Casa De Salud Youth Center where parent(s)/guardian will be invited to attend. Staff will distribute fliers for these days to inform you of dates and times. Special events calendars will be located at the sign in desk for parents to learn more about special events and other programing.

I am aware that once my child enters the youth center, I am not permitted to enter the Casa de Salud Youth Center unless there is a special event where parents or community members are invited. By signing this release I understand that I will be asked to leave or escorted out of the facility if I am in the youth center during operating hours.

Parent Name: _____ Date: _____

Parent Signature: _____



REGISTRATION FORM

| | | |
|--------------------------|------------|-----------------------------------|
| Adult/Guardian Last Name | FIRST | MI |
| Address | City | Zip |
| Home Phone | Cell Phone | |
| Email | Birthday | Circle One: Resident Non-Resident |

| Emergency Contact | Phone Number | Relationship |
|-------------------|--------------|--------------|
| | | |

PARTICIPANT INFORMATION - PLEASE PRINT

*Does the participant need special accommodations for a successful

| Class/Activity Number & Title | Participant's Last Name | FirstName | MI | Sex | Date of Birth | Fee | Y*N* |
|-------------------------------|-------------------------|-----------|----|-----|---------------|-----|------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

TOTAL FEES DUE \$

Release from Liability, Indemnification, Assumption of Risk, and Photographic Release ("Release"). (Please read before signing.)

I _____ (PARTICIPANT), and I _____ *(PARTICIPANT'S parent or guardian),

In consideration for being permitted by the City of National City (the "City") to participate in the above-listed recreational activities for which I am registering, I hereby sign this Release. I acknowledge that this Release is intended to waive, release, and discharge in advance the City, its officers, employees, agents, and volunteers from any and all liability arising out of, or connected in any way with, my participation in the above-listed recreational activities, even though I may suffer injury, death, or damage arising out of the negligent, intentional, or other acts, howsoever caused, on the part of the City, its officers, employees, agents, or volunteers. I understand that the above-listed activities involve an element of risk and danger of accidents, including injury, death, and property loss, and, knowing those risks, I hereby assume those risks. I agree to indemnify, as well as waive, release, discharge, and hold harmless the City, its officials, employees, agents and volunteers from any and all claims, liability, damages, suits, losses, or related causes of action for damages, including but not limited to claims that may result from any injury, death, or damage, accidental or otherwise during, or arising in any way from my participation in, the above-listed recreational activities. I further agree that this Release shall be binding on my heirs, successors, executors, administrators, and assigns.

I further consent to the unrestricted use by the City, or any person authorized by the City, of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording ("Media") of the participant named on this form in connection with the above-listed activities. I understand that this Media may be edited, copied, exhibited, published or distributed by the City, and I waive any rights to this Media that may exist under the Visual Artists Rights Act, the California Art Preservation Act, and the right to inspect or approve the finished product in which my likeness appears. Additionally, I waive any right to royalties or other compensation arising out of or related to the Media described above. I also understand that this Media may be electronically displayed via the Internet or in a public educational setting. There is no time limit on the validity of this Release and there is no geographic limitation where this Media may be distributed.

REGISTRANT's / Parent or Guardian's Signature: _____

REGISTRANT's / Parent or Guardian's Printed Name: _____ Date: _____

Registration Questions? Call 619-336-4290 or send us and e-mail to: communityservices@nationalcityca.gov

We Pledge to Provide Commitment, Courtesy, Collaboration, Communication, Customer Service

Make checks payable to "City of National City" *Individuals who do not reside within the city limits of National City must pay the nonresident fee listed for each class. **Please pay in person at the Finance Department Located at: 1243 National City Blvd. National City, CA 91950 phone (619) 336-4330**

| | | | |
|---|-----------------|--------------------------------|-------------------|
| FOR OFFICE USE ONLY: Amount Due: \$ _____ | Date Paid _____ | Cash, Check, Credit Card _____ | Received By _____ |
|---|-----------------|--------------------------------|-------------------|



DAY CAMP WALKING FIELD TRIP TUESDAYS & THURSDAYS

Permission Slip Form: Please return this permission slip before the first field trip of day camp

Your child will be attending a field trip to: Day Camp Walking Field Trip every Tues & Thurs

| | | | |
|-----------------------|--|-------------|------------------------|
| <i>Date</i> | Tuesdays & Thursdays | <i>Time</i> | 4:30 PM- 6:30PM |
| <i>Location</i> | Staff & youth will walk from Casa de Salud to Kimball Park National City, CA 91950 | | |
| <i>Cost</i> | FREE | | |
| <i>Transportation</i> | Supervised & Socially Distanced Walk from Casa de Salud to Kimball Park | | |
| <i>Notes</i> | Face covering required by youth and staff. Field trips are only for Day Camp members. Any changes in schedule or field trip location will be communicated to parent in advance. | | |

I give permission for my child _____ At CASA DE SALUD
to attend the field trip to Kimball Park on TUESDAYS AND THURSDAYS
from 4:30 PM to 6:30 PM (youth must check in for day camp with staff by 3:30pm)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Release from Liability, Indemnification, Assumption of Risk, and Photographic Release. In consideration for being permitted by the City of National City (the "City") to participate in the above-listed recreational activities for which I am registering, I hereby sign this Release. I acknowledge that this Release is intended to waive, release, and discharge in advance the City, its officers, employees, agents, and volunteers from any and all liability arising out of, or connected in any way with, my participation in the above-listed recreational activities, even though I may suffer injury, death, or damage arising out of the negligent, intentional, or other acts, howsoever caused, on the part of the City, its officers, employees, agents, or volunteers. I understand that the above-listed activities involve an element of risk and danger of accidents, including injury, death, and property loss, and, knowing those risks, I hereby assume those risks. I agree to indemnify, as well as waive, release, discharge, and hold harmless the City, its officials, employees, agents and volunteers from any and all claims, liability, damages, suits, losses, or related causes of action for damages, including but not limited to claims that may result from any injury, death, or damage, accidental or otherwise during, or arising in any way from my participation in, the above-listed recreational activities. I further agree that this Release shall be binding on my heirs, successors, executors, administrators, and assigns. I further consent to the unrestricted use by the City, or any person authorized by the City, of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording ("Media") of the participant named on this form in connection with the above-listed activities. I understand that this Media may be edited, copied, exhibited, published or distributed by the City, and I waive any rights to this Media that may exist under the Visual Artists Rights Act, the California Art Preservation Act, and the right to inspect or approve the finished product in which my likeness appears. Additionally, I waive any right to royalties or other compensation arising out of or related to the Media described above. I also understand that this Media may be electronically displayed via the Internet or in a public educational setting. There is no time limit on the validity of this Release and there is no geographic limitation where this Media may be distributed.

MEMBER's / Parent or Guardian's Signature: _____ Date: _____

QUESTIONS: Call/Email Recreation Center Supervisor Elyana Delgado (619)336-4352/edelgado@nationalcityca.gov

PROGRAM BENEFICIARY DATA FOR CDBG/HOME FUNDED PROJECTS

Your cooperation in filling out this form is requested. Record keeping on income of participants in the _____ Program is a condition of receipt of federal funds for the program. The information provided on this form will remain confidential but may be subjected to verification by responsible local and federal agencies. Self-identification of race and ethnicity is voluntary.

| | |
|--|--|
| What is the total number of persons in your household? | |
| Female head of household? Yes or No | Disabled/Special Needs? Yes or No |
| Seniors? Yes or No | Are you homeless? Yes or No |
| What is the total combined annual income of all members of your household? | |

| Household Size | At or Under 30% AMI* | Over 30% to 50% AMI* | Over 50% to 80% AMI* | Over 80% AMI* |
|----------------|----------------------|----------------------|----------------------|-------------------|
| 1 | \$0 - \$24,300 | \$24,301 - \$40,450 | \$40,451 - \$64,700 | \$64,700 & Above |
| 2 | \$0 - \$27,750 | \$27,751 - \$46,200 | \$46,201 - \$73,950 | \$73,951 & Above |
| 3 | \$0 - \$31,200 | \$31,201 - \$52,000 | \$52,001 - \$83,200 | \$83,200 & Above |
| 4 | \$0 - \$34,650 | \$34,651 - \$57,750 | \$57,751 - \$92,400 | \$92,401 & Above |
| 5 | \$0 - \$37,450 | \$37,451 - \$62,400 | \$62,401 - \$99,800 | \$99,801 & Above |
| 6 | \$0 - \$40,200 | \$40,201 - \$67,000 | \$67,001 - \$107,200 | \$107,200 & Above |
| 7 | \$0 - \$43,000 | \$43,001 - \$71,650 | \$71,651 - \$114,600 | \$114,601 & Above |
| 8 | \$0 - \$45,750 | \$45,751 - \$76,250 | \$76,251 - \$122,000 | \$122,001 & Above |

(Note: *Area Median Income listed above is for 2020 and new limits are released each year. To obtain updated information go to <https://www.hudexchange.info/resource/5334/cdbq-income-limits/> and search for income limits for the San Diego area.)

ETHNICITY: Please check the box below that describes your family ethnicity.

| | | |
|---------------------|------------------------------|-----------------------------|
| Hispanic/Latino (a) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---------------------|------------------------------|-----------------------------|

RACE: Please **ALSO** check the box below that best describes your family race.

| Single Race Categories | Multiple Race Categories |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian / Alaskan Native & White |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black / African American & White |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> American Indian / Alaskan Native & White |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> Other or Multi-racial (please specify): |

APPLICANT STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City, or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, to include documentation on all income sources if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Name: _____ Phone Number: _____
(Print)

Household Address: _____

Signature: _____ Date: _____