

PICKFAIR COMMUNITY CENTER

2014-2015 After School Program

Pickfair Community Center is proud to offer the **After School Program** for the 2014-2015 school year. Pickfair will provide pick-up from Spicewood Elementary.

The After School Program is designed to foster development through Active Play and Enrichment activities and the daily schedule includes: Homework/Reading Time, Active Play, Enrichment Activities, Playground Time, and Snack Time. Participants will either walk or ride a City of Austin 15 passenger van from Spicewood to Pickfair.

GRADES K-5th

HOURS 2:45-6:00pm (excluding RRISD/City of Austin holidays)

REGISTRATION starts May 1 @ 8am

PROGRAM THEME: "I CAN..."

For the 2014-2015 school year, we're focusing on what YOU can do! Whether it's being an inventor, being silly, or making a difference (just to name a few), we'll have monthly themes that will explore things like creating objects with Legos, learning how to juggle and make balloon animals, participating in service projects, and more!

**NOTE: The After School Program will not meet on Tuesday, November 11 (City of Austin Holiday)*

REGISTRATION

Registration for the 2014-2015 After School Program at Pickfair Community Center starts **Thursday, May 1 at 8:00am** and lasts until 5:30pm or until all spots have filled. For the 2014-2015 After School Program, a parent, guardian, or other adult may register children for **one single family/household**. Registration on the first day must be in person and families will need to fill out a new registration form (see back of flyer) per participant.

COST

August/September's payment of \$225 is due at registration.

Payment for a monthly session is due to Pickfair on the 15th of the preceding month (October's payment is due by September 15). Please see the Parent Handbook for details.

CONTACT

Questions about the program or registration day? Please stop by the center at 10904 Pickfair Drive (78750), call 512-401-8119, or e-mail Rick Kocian at rick.kocian@austintexas.gov.



The City of Austin is proud to comply with the Americans with Disabilities Act. If you require assistance for participation in our programs or use of our facilities, please (512) 974-3914



A. Youth Waiver (please fully complete waiver with a pen):

Participant Name: _____
 Birthdate: _____ Age: _____ Gender: Male Female

B. Completion required by all participants. Primary and Secondary must reside at same Household address. If not, complete box D

Household Mailing Address: _____ Zip: _____
 Household Home Phone: _____
 Household Primary Name: _____
 Birthdate: _____ Gender: Male Female Email: _____
 Primary Cell Phone* : _____ Provider: _____ Primary Work Phone: _____
 Household Secondary Name: _____
 Birthdate: _____ Gender: Male Female Email: _____
 Secondary Cell Phone* : _____ Provider: _____ Secondary Work Phone: _____

C. Completion required by all participants. List any Emergency Contacts other than Household members listed above.

Emergency Contact Name:	Relation:	Home Phone:	Work Phone:	Cell Phone:	Allowed to Pick Up?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Only complete this box if a Youth Participant resides within two separate Households.

Household Mailing Address: _____ Zip: _____
 Household Home Phone: _____
 Household Primary Name: _____
 Birthdate: _____ Gender: Male Female Email: _____
 Primary Cell Phone* : _____ Provider: _____ Primary Work Phone: _____
 Household Secondary Name: _____
 Birthdate: _____ Gender: Male Female Email: _____
 Secondary Cell Phone* : _____ Provider: _____ Secondary Work Phone: _____



Program Registration and Waiver Form
 Pickfair Community Center
 10904 Pickfair Dr.
 Austin, Texas 78750
 Phone: 512-401-8119

E. Completion required by all participants.

Medical Care Information

1. Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? {Yes _____} {No _____} Please Specify: _____
2. Any known existing illnesses? {Yes _____} {No _____} Please Specify: _____
3. Please list any physical condition that could restrict activities or have a need requiring special care in order to participate in program/activity.

4. For Youth & Children Only : Does Participant require prescription medication during program hours? Program must exceed 1 hour. {Yes _____} {No _____} If yes, please complete a Medication Authorization form.

Personal Information Privacy Policy

We collect personally identifiable information, like names, postal addresses, email addresses, etc., when voluntarily submitted by our visitors. The information you provide is used to fulfill your specific request. This information is only used to fulfill your specific request, unless you give us permission to use it in another manner, for example to add you to one of our mailing lists. {email opt out? _____}

Image Release Waiver

I hereby consent to allow usage of photographs and video taken during this program and at our sites for publicity purposes in printed materials, and on our website. Photographs remain the property of the City of Austin Parks and Recreation Department. If you do not want to allow photos or videos, then please initial. {opt out? _____}

Accessibility Accommodation Request

The City of Austin is proud to comply with the Americans with Disabilities Act. If you require assistance for participation in our programs or use of our facilities, please call 512.974.3910. Do you require accommodations? {Yes _____} {No _____} (Optional)

Standards of Care Notification

Children's programs/activities supervised by Parks and Recreation Department and requiring enrollment/registration in order to participate are not licensed by the state, but follow standards of care adopted in the City of Austin Ordinance No. 20110324-060. A copy is available and posted at each site.

Release of Liability

In consideration of participant being allowed to participate in the registered class(es) or program(s), the undersigned hereby releases the City, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. In the event the City or a volunteer provides transportation for the registered participant, this waiver and release shall extend to and release the City employee driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment or service.

Please Print Name: _____

Signature: _____ Date: _____