



PARKS AND RECREATION

MORLEY NELSON COMMUNITY CENTER
KID CITY PROGRAM APPLICATION ~ 2019-2020 School Year
7701 Northview St. Boise, ID, 83704 ~ (208) 854-4917

Child Name(s): Date(s) of Birth:

Child's School: Circle grade level (1st grade & older only) 1 2 3 4 5 6

Address: City: State: Zip:

Guardian's Name(s):

Email: Phone:

Guardian's Name(s):

Email: Phone:

May we use your email and/or text messages to contact you about program updates? Yes No

EMERGENCY CONTACT if parent can't be reached: (this MUST be completed with a minimum of one person that can be notified in case of an emergency who will be responsible for picking up your child if necessary).

Name: Phone

Relationship to Participant:

Is anyone else authorized to pick up child? YES NO

Name: Phone:

Relationship to Participant:

Name: Phone:

Relationship to Participant:

At the end of the day, participant will:

- Be picked up/signed out by an adult listed above
Sign themselves out of Kid City to bike/walk home independently (3rd grade and older only)

(Children in 1st and 2nd grade will not be allowed to bike/walk home alone. Please plan on picking up younger children or listing an older sibling that will accompany your child home):

Does this child have any allergies to food, animals, etc.? Circle one YES NO

If yes, please state allergy:

Please state any other special health, accessibility or behavioral needs that would help us care for your child:

Four horizontal lines for text input.

Participation Guidelines

Please read and initial below:

- 1) Morley Nelson Kid City is a free supervised recreation program. If children are unable to conduct themselves in a safe and respectful manner towards themselves, other participants and staff we reserve the right to dismiss them from the program. ____ initial
- 2) Make afterschool plans and transportation arrangements prior to coming to the center. The staff are not responsible for keeping kids who wish to leave. ____ initial
- 3) The center is open on all school days. Program hours are from after school until 6:30 PM, Monday – Friday (1:00-5:00 on half days, in-service days, and school breaks). ____ initial
- 4) Students are encouraged to stay and participate and should not come and go without staff knowledge and parental consent. ____ initial
- 5) Students are required to sign in with their first and last name and record the time they arrive and leave the center. ____ initial
- 6) Due to the large number of participants in our program, use of our phone by children should be limited to necessary contact with parents, emergencies and rare special occasions. ____ initial
- 7) Personal items such as toys and electronic devices are not allowed at the center and if brought should be kept in backpacks. Personal cell phones should not be shared and use should be limited to contacting parents. ____ initial
- 8) If the participant fails to comply with Kid City rules, there may be disciplinary action that could include revoking the privileges to the Kid City. ____ initial
- 9) Families should be available by phone if there is a problem or concern. ____ initial

I accept full responsibility for my child's use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by Boise Parks and Recreation. In signing this form, I acknowledge that I shall have my child participating at his/her own risk and shall hold Boise Parks & Recreation, its Directors, officers, employees, representatives, and agents harmless for any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting there from.

I authorize Boise Parks and Recreation to secure emergency medical/surgical care from a licensed physician and/or hospital for my child should such care be necessary. I understand that all reasonable efforts will be made to notify me before such action is taken, and I agree that the expense of such emergency will be accepted by me.

By signing this permission form, I am confirming that I understand this is strictly a "drop-in" program and that I am either A) responsible for picking up my children on time or B) communicating with my children on alternative forms of transportation and/or walking home. I also understand that it is NOT the responsibility of the Boise Parks & Recreation Staff to keep children who wish to leave the program. For any questions, contact the City Recreation Office at 608-7652. I grant full permission to use my youth's name, picture, and quotations in legitimate accounts and promotions of the events.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date :** _____