



# **Cordova STEAM Play Registration Packet**

We appreciate your interest in Cordova Steam Play, Cordova Recreation and Park District's summer preschool program. Please fill out this registration packet and bring it with you when you register your child for our program.

Registration will take place in person at the Hagan Community Center Office: 2197 Chase Dr. Rancho Cordova, CA 95670 (916) 369-9844. Please bring a copy of your child's birth certificate and immunization records to register.

**Children must be 3 on or before 9/1/2024 and fully potty trained.**

## **Session 1:**

Days: Monday through Thursday  
Dates: June 3-13  
Times: 9:00 am – 12:00 pm  
Fees: \$240

## **Session 2:**

Days: Monday through Thursday  
Dates: June 17-27  
Times: 9:00 am – 12:00 pm  
Fees: \$240



Cordova Recreation & Park District  
Cordova STEAM Play  
Student Information Form  
2024



***Class Information:***

☐ Session 1 6/3-6/13 - \$240

☐ Session 2 6/17-6/27 - \$240

***Student Information:***

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pro-noun: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

Primary Grownup Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (*primary*): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Grownup Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (*primary*): \_\_\_\_\_

Email: \_\_\_\_\_

***Emergency Contacts:***

In the event we need to contact a parent/guardian and we are unable to reach them CRPD staff will contact the following individuals. All emergency contacts will also be authorized to pick up the above-named child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

***Pick Up Authorization:***

The following persons are authorized to pick up the above-named child, in the event that the parents/guardian is not available:

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

***Medical Information:***

Allergies: \_\_\_\_\_

Treatment: \_\_\_\_\_

Foods/Dietary Restrictions: \_\_\_\_\_

Treatment: \_\_\_\_\_

Does the child have a medical condition that we should be aware of, such as seizures or asthma?

\_\_\_\_\_

Does the child have any special conditions or characteristics that would limit active participation?

\_\_\_\_\_

Does the child have vision, hearing, or speech difficulties?

\_\_\_\_\_

Does the child require any special accommodations?

(please provide documentation, visit [crpd.com/recreation/inclusion](http://crpd.com/recreation/inclusion) for more information)

\_\_\_\_\_

***Additional Information:***

List names and ages of other children in the family:

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Does your child have any fears we should be aware of?

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What skills do you hope for your child to gain from their preschool experience?

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What would you like us to know about your child?

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What does your child like to do for fun?

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What motivates your child?

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\* I understand that the Cordova STEAM Preschool Handbook can be viewed and downloaded online at [www.crpdc.com](http://www.crpdc.com) or available by request from the Cordova Recreation & Park District. I acknowledge that the District has met its obligation to inform me of its policies and procedures by providing me with the Handbook. I understand that if I have a question regarding a specific area of content in the Handbook, I will contact a supervisor who will clarify the area for me.

**Grownup Name Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grownup Signature:** \_\_\_\_\_

Please return this completed form to [pwickens@crpd.com](mailto:pwickens@crpd.com) or to the Hagan Community Center.

**Office Use Only:**

Immunizations Records verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Certificate verified by: \_\_\_\_\_ Date: \_\_\_\_\_



**Dates:** 6/3/24 - 6/27/24

**Class:** CRPD STEAM Play Preschool Program

**Times:** M/Tu/W/Th: 9:00 AM - Noon

**Location:** Hagan Community Center

### **AGREEMENT, WAIVER AND RELEASE**

In consideration for being permitted by the Cordova Recreation & Park District to participate in the above-referenced activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors and assigns and that I shall indemnify and hold the Cordova Recreation & Park District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

**PHOTOGRAPHIC RELEASE:** I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

**PARENTAL/GUARDIAN CONSENT:** (to be completed and signed by parent/guardian if Participant is under 18 years of age.) I hereby consent that the participant listed above, \_\_\_\_\_ (name) participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with said minor's participation in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.**

\_\_\_\_\_  
(SIGNATURE of Parent/Guardian)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
NAME OF PARTICIPANT

\_\_\_\_\_  
DATE