

AFTERSCHOOL PROGRAM

Application



TUSTIN FAMILY AND YOUTH CENTER PARKS AND RECREATION

Proof of Tustin residency/ Tustin Unified School District enrollment and completed application is required.

Please complete the attached forms and return to:
Tustin Family and Youth Center
14722 Newport Avenue
Tustin, CA 92780



For more information, contact the
Tustin Family and Youth Center at 714. 573. 3370 or visit our website
www.tustinca.org/tprd.

Emergency Information:

Participant's
Name:

Gender:

Date of Birth:

Age:

Home Address:

Email Address:

Home Phone:

Cell Phone:

Allergies/ Medical Conditions:

Parent/Guardian Information:

Parent/Guardian #1:

Name: _____

Relationship to Participant: _____

Address (if different than child's):

Work Phone: _____

Cell Phone: _____

Email Address: _____

Parent/Guardian #2:

Name: _____

Relationship to Participant: _____

Address (if different than child's):

Work Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact (Other than parent/guardian):

Contact #1:

Name: _____

Relationship to Participant: _____

Work Phone: _____

Cell Phone: _____

Other: _____

Contact #2:

Name: _____

Relationship to Participant: _____

Work Phone: _____

Cell Phone: _____

Other: _____

People Authorized to Pick Up This Student:

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Is your child allowed to walk alone?

Yes No

ASSUMPTION OF RISK AND LIABILITY

I, the undersigned, acknowledge that in consideration of my involvement in:
Tustin Family & Youth Center Activities and Field Trips

(herein referred to as "the Activity"), that I, for myself, my personal representatives, heirs, next of kin, spouse and assigns, do hereby:

- 1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF TUSTIN, ITS EMPLOYEES, OFFICERS, COUNCILMEMBERS, AND AGENTS** (hereinafter collectively as "the City") for and from any and all claims and liability arising out of strict liability, dangerous condition of public property and/or ordinary negligence which may cause injury, death, damages or property damage to myself. I hereby agree to indemnify and hold the City harmless from any claim, judgment, or expense the City may incur which may arise out of my participation in the activity.
2. Acknowledge that the Activity is inherently dangerous and that I participate at my own risk. I further understand that the Activity contains risks of minor injuries, serious injuries, and even death, and that other participants in the Activity pose a danger to me. Nevertheless, **I VOLUNTARILY ELECT TO ACCEPT ALL RISKS** connected with my participation in the activity.
3. Acknowledge that no oral representations or inducements have been made to me to sign this Agreement. If any portion of this Agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.
4. Agree that this agreement shall apply to any incident, accident, injury, or death occurring during my participation in the activity.

I HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.



_____ (Guardian Initials)
_____ (Student Initials)

This agreement is intended to be binding on myself, my heirs, personal representatives, next of kin, spouse and assigns .

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS



Dated: _____
Applicant's Name (Print): _____
Signature of Applicant: _____

Student Signature Here:

IF APPLICANT IS A MINNOR:

I certify that I am the legal parent/guardian of (student's name) _____ and that by signing this Agreement I am agreeing to and acknowledging its provisions. Further, I have explained the nature and significance of this Agreement to my child and he/she understands the same.



SIGNATURE OF PARENT: _____

PROGRAM POLICIES AND CODE OF CONDUCT

1. Program Hours and Schedule

- Program operates Monday-Friday from 1:30 PM to 5:30 PM.
- No programming on federal holidays or school breaks

2. Eligibility and Enrollment

- Open to students ages 6 to 13 who are a Tustin resident or attend a school in the Tustin Unified School District
- Enrollment is on a first-come, first-served basis.
- Completed registration form and emergency contact info are required.
- Waitlists will be maintained when capacity is reached.

3. Attendance and Pick-Up

- Only authorized adults (listed on the registration form) may pick up students.
- Late pick-up policy: After 5:30 PM, a fee of \$1 per minute will be charged.

4. Code of Conduct

- Respect for staff, peers, and property is expected at all times.
- Bullying, violence, or repeated disruptive behavior may result in suspension or removal.
- Staff will use positive reinforcement and conflict resolution strategies.

5. Discipline Policy

- Step 1: Verbal Warning
- Step 2: Written Incident Report (shared with parents)
- Step 3: Parent Meeting
- Step 4: Temporary or Permanent Dismissal (based on severity or recurrence)

6. Health and Safety

- All staff are trained in CPR/First Aid.
- Students must be symptom free for 24 hours before returning after illness.
- Parents will be notified immediately in case of injury or emergency.
- Medications can only be administered with a signed authorization form.

7. Snack

- A snack is provided at no cost
- Parents must inform staff of any allergies or food restrictions.

8. Activities and Homework

- Daily schedule includes homework time, writing time, enrichment (arts, STEM, literacy), and recreation.
- Staff provide homework support but are not responsible for completion or accuracy.
- Students and parents are responsible for communicating with staff if a child has homework. If not, staff will assign the students to writing time.

9. Electronics and Personal Items

- Personal electronics (phones, tablets, etc.) are discouraged.
- The program is not responsible for lost or stolen items.
- Use of devices is limited to educational purposes with staff approval.

10. Communication

- Monthly calendars will be shared via email and paper.
- Families are encouraged to communicate with staff regularly.
- Concerns or complaints can be submitted verbally or written to the program coordinator.

I HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.



_____ (Guardian Initials)
_____ (Student Initials)

This agreement is intended to be binding on myself, my heirs, personal representatives, next of kin, spouse and assigns .

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS



**Student Signature
Here:**

Dated: _____
Applicant's Name (Print): _____
Signature of Applicant: _____

PHOTO RELEASE AUTHORIZATION

For children (under the age of 18)

City of Tustin events and activities may involve photo/video production footage of attendees. As part of the event attendees' presence, he/she may be videoed or photographed and/or their name may be used in various media.

I, _____ (print your name)

authorize the City of Tustin to **use photograph/film footage of me and/or my minor child** for their video production and future print and online publications (e.g., newsletters, websites, and annual report). I hereby release the City of Tustin from any liability in connection with the use of photographs or film footage

Name of Child

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date

CLIENT REGISTRATION FORM

First Name	Last Name	M.I.	Birth Date	
			/ /	
Address	Apt. #	City	Zip Code	# People in Household
Home Phone	Cell/Work Phone	Email	Language Spoken in Home	

What is your housing status?

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Temporarily housed (i.e. living with friends, relatives, or in a motel) |
| <input type="checkbox"/> Adequately housed
(i.e. rent, own a home) | <input type="checkbox"/> Decline to state |

Which best defines your family?

- | | | |
|--------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Single Parent Household | <input type="checkbox"/> Two Parent Household | <input type="checkbox"/> Single Person Household |
| <input type="checkbox"/> Decline to state | | |

Members of Household		
Name (First and Last)	Birthdate (mm/dd/yy)	Relationship to Client
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Ethnicity/Race	Marital Status
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other:
<input type="checkbox"/> American Indian/Alaska Native AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black/African American AND White <input type="checkbox"/> American Indian/Alaska Native AND Black/African American <input type="checkbox"/> Other/Multi-Racial <input type="checkbox"/> Hispanic/Latino	

FOR OFFICE USE ONLY			
Annual Income?			
<input type="checkbox"/> under \$14,000	<input type="checkbox"/> \$14,001 - \$22,000	<input type="checkbox"/> \$22,001 - \$37,000	<input type="checkbox"/> above \$37,001
Received By: _____			

We adhere to strict confidentiality procedures and value your privacy. By signing below, you would give consent to the sharing of your information above within City of Tustin Parks and Recreation Services Department and with relevant service providers for the sole purpose of determining your eligibility for services.

Signature: _____ **Date:** _____