

PICKFAIR COMMUNITY CENTER

2015-2016 After School Program

Pickfair Community Center is proud to offer the **After School Program** for the 2015-2016 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 daily schedules 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.

**NOTE: The After School Program will not meet on Wednesday, November 11 (COA Holiday)*

GRADES K-5th

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

REGISTRATION starts May 1 @ 10am

Background artwork created by participants in Picker's After School Program.

PROGRAM THEME: "MY BRIGHT FUTURE!"

For the 2015-2016 school year, we're focusing on YOUR future and what YOU enjoy. Some examples of activities and enrichments we'll play and discuss are the arts (photographer/singer/designer...), food (chef/food blogger/nutritionist...), sports (athlete/sports reporter/coach...), and more!

REGISTRATION

Online* and on site registration for the 2015-2016 After School Program at Pickfair Community Center starts Friday, May 1 at 10:00am and lasts until 5:00pm or until all spots have filled. Families will need to fill out a new registration form (see back of flyer) per participant. For on site registration, a parent, guardian, or other adult may register children for one single family/household. For online registration, please visit www.austintexas.gov/parksregister. **If you have attended a program at Pickfair in the past, you already have a log in account; please do not create a new account. If you need your user name or password, please contact your center and they can email you your information.*

COST

August/September's payment of \$117 (resident)/\$163 (nonresident) is due at registration. All months will be \$94 (residents)/\$131 (nonresidents), except for August/September and May/June which are combined and will be \$117 (resident)/\$163 (nonresident). Payment for a monthly session is due to Pickfair by the 15th of the preceding month. A late fee will be added for payment made after the 15th; if payment is not made by the 20th, you will lose your spot in the program. For a list of due dates, please contact Pickfair. **Residents = Austin zip code.*

CONTACT

Questions about the program or registration day? Please stop by the center at 10904 Pickfair Drive (78750), call 512-401-8119, or email 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: _____



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. 20140522-079. 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: _____