

PROGRAM(S) REGISTERING FOR: (Please check mark all that apply)		(Please check mark the location) <input type="checkbox"/> Los Padillas	
<input type="checkbox"/> Before School 2018-19		<input type="checkbox"/> Los Vecinos <input type="checkbox"/> Mountain View	
<input type="checkbox"/> After School 2018-19		<input type="checkbox"/> Paradise Hills <input type="checkbox"/> Raymond G. Sanchez	
<input type="checkbox"/> Summer Program 2019 (Upcoming School Grade)		<input type="checkbox"/> Vista Grande <input type="checkbox"/> Westside	
PARENT #1/GUARDIAN (PLEASE PRINT) Authorized to pick-up child/children <input type="checkbox"/> Yes <input type="checkbox"/> No		PARENT #2/GUARDIAN (PLEASE PRINT) Authorized to pick-up child/children <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Employer:	Name:	Employer:
Home Address:	Business Phone:	Home Address:	Business Phone:
City/State	Zip	City/State	Zip
	Cell Phone:		Cell Phone:
	Home:		Home:
FIRST CHILD (PLEASE PRINT)		Medical Information (PLEASE PRINT)	
Name: <input type="text"/> (First Name) <input type="text"/> (Middle Initial) <input type="text"/> (Last Name)		Child has the following condition(s):	
School: _____ Age: _____ Grade: _____		Current Medication and time taken, special diet, allergies, treatment:	
Birth Date: _____		Other Information:	
Does the child have a health condition(s) that our staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out medical information		Describe any behaviors that might be affected or caused by the above:	
Does the child have a disability that requires accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify			
SECOND CHILD (PLEASE PRINT)		Medical Information (PLEASE PRINT)	
Name: <input type="text"/> (First Name) <input type="text"/> (Middle Initial) <input type="text"/> (Last Name)		Child has the following condition(s):	
School: _____ Age: _____ Grade: _____		Current Medication and time taken, special diet, allergies, treatment:	
Birth Date: _____		Other Information:	
Does the child have a health condition(s) that our staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out medical information		Describe any behaviors that might be affected or caused by the above:	
Does the child have a disability that requires accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify			
THIRD CHILD (PLEASE PRINT)		Medical Information (PLEASE PRINT)	
Name: <input type="text"/> (First Name) <input type="text"/> (Middle Initial) <input type="text"/> (Last Name)		Child has the following condition(s):	
School: _____ Age: _____ Grade: _____		Current Medication and time taken, special diet, allergies, treatment:	
Birth Date: _____		Other Information:	
Does the child have a health condition(s) that our staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out medical information		Describe any behaviors that might be affected or caused by the above:	
Does the child have a disability that requires accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify			
EMERGENCY CONTACT (PLEASE PRINT) **LIST SOMEONE OTHER THEN THE PARENT/GUARDIAN		Additional Information	
Name:			
Relationship to child(ren):			
Home Phone:	Work Phone:		
Cell Phone:	Other Phone:		

B.C.P.R. CUSTODIAL CARE INFORMATION

My child(ren) are under the custodial care of: (Check one) Both Parents Parent #1 only Parent #2 only Other

I authorize the following people (other than the people listed on the front) to pick up my Child/Children. PLEASE NOTE: ALL authorized individuals must be at least 15 years old to sign out a program participant. Identification is required.

1.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
2.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
3.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
4.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
5.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
6.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
7.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone
8.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Work Phone

Please list any persons who might attempt to pick up your Child/Children but are not authorized to do so: *Supporting documentation is required. (Restraining Order's, divorce decree's, etc....) *

1.	_____	_____
	Name	Relationship
2.	_____	_____
	Name	Relationship
3.	_____	_____
	Name	Relationship
4.	_____	_____
	Name	Relationship

****If there are any changes to these arrangements you must notify the community center immediately.**

Please Sign: _____ Date: _____

PLEASE READ & SIGN

I will **not** hold Bernalillo County Parks & Recreation Department or its staff, including directors, managers, agents, representatives, or employee's responsible for any injuries and liabilities that may occur while participating in any activities held at the site, on field-trips or special events. I will not hold Bernalillo County responsible for any injuries, which may be sustained during *travel* between the site and an activity or other location. I further state that my child/children are capable and **can** participate in **all** BCPR activities.

Parent's Signature _____ Date _____

If you would like to be contacted for up to date information on "What's Happening" at the community center, please provide us with your email address.

Email Address #1: _____ Email Address #2: _____

Bernalillo County Parks and Recreation Anti-Bullying Disclosure Form

Bernalillo County Parks and Recreation is committed to providing caring, friendly and **safe** environment in a relaxed and secure atmosphere. Bernalillo County Parks and Recreation will be a **zero tolerance establishment and will not tolerate any type of bullying** in our facilities field, parks or programs.

What Is Bullying?

Bullying is unfair and one-sided behavior. It happens when someone keeps hurting, frightening, threatening, or leaving someone out on purpose, in person or via multi-media.

Bullying can be:

- Physical- hitting, kicking, spitting, pushing, inappropriate gestures, taking person belongings
- Verbal- taunting, teasing, name calling, gossiping, making threats
- Social- spreading rumors, manipulating, excluding/isolating, intimidation, interfering with friendships of others, cyber bullying, sexting

Procedures

1. Report bullying incidents to staff, either verbally or by leaving calling, emailing or texting the Anti-Bullying help line at **505.933.1113**.
2. Staff will investigate the allegation by talking to all of the parties separately.
3. Staff will use the Hierarchy of Responses-Consequences Guideline Chart.
4. The staff will then determine what level of action needs to be taken and will let all parties know the actions taken and what future actions could be if the behavior does not stop.
5. For minors, parents will be contacted for Level 2 or higher or if Level 1 incidents have occurred on more than one occasion. (Levels and Explanation on back of sheet)
6. If a criminal action has taken place law enforcement will be contacted.

Responses For Ages over 18

1. The person who is acting aggressively will be given a verbal warning and asked to genuinely apologize or leave the premises.
2. After the incident/incidents have been investigated and dealt with, each case will be monitored to ensure repeated bullying does not take place.
3. After any incident of bullying an incident report WILL BE created and filed with management.
4. In serious cases or second offenses exclusion will be enacted for up to 1 year and may be reported to law enforcement.

Bernalillo County Commitment

1. If staff witnesses someone bullying another person, they will intervene immediately and address the behavior in that moment.
2. Target and aggressor will always be talked to separately.
3. Bystanders will be asked about what happened as well as what they did to intervene.
4. Both target and aggressor will be offered support.

I, _____, parent/guardian, of _____ (child's name), will ensure that I and my child are aware of and abide by the Bernalillo County Parks and Recreation Anti-bullying policy

Parent/Guardian

DATE

Any of the above could be used, but at minimum the following steps must be followed:

Procedures

Under 18

1) Level I- Verbal Warning or Loss of Privileges

- a. Specific inappropriate behavior is pointed out to the participant and they are given an explanation **why** this behavior is inappropriate. They will be asked to correct it. A verbal warning is given not to repeat the behavior. **Level II** -Removal from Group
- b. After repeated verbal warning has been given with *no change* in the behavior, the participant is **removed from the group** in a “time out” fashion for 5-15 minutes. After this time out period, the participant is asked whether he/she wishes to rejoin the group and *change their behavior*. If yes, participant rejoins the group. If no, a **supervisor** is called. Level II Code of Conduct violation and above **automatically** results in the behavior being **documented** using an **Incident Report**. It is placed in the participant’s file. Parent’s will be called and informed of the situation

2) Level III- Parent Conference

- a. Verbal warnings and removal from the group have proven *unsuccessful*. At this level, parents will be called in for an **immediate conference**. Both parties’ parents’ will be notified. However, the participants will NEVER be asked to “mediate” or talk about the situation in the same room if bullying is identified as a possible problem. If the participant is over 13 and parents are not able to be contacted the participant can sign the behavior contract. One or all of the Center’s Administrative Team may participate in this meeting along with the participant and possibly the staff person on shift when the incident occurred.
- b. An **Action Plan** will be developed **at that time**. It will include the following:
 - i. specific behavior that needs to be corrected
 - ii. how this will be accomplished
 - iii. time frame in which specified behavior must be changed
- c. *All notes/documentation from this meeting, with signatures, will be placed in the participant’s file.

3) Level III- Suspension or Termination

- a. After the above steps have been attempted, **with no change in behavior**, the Manager will suspend the participant for 1-30 days **or terminate their involvement at the center**. The Director or Assistant Directors for Bernalillo County Parks and Recreation may review this action. **Prior** to the participants returning to the center, a **parent-participant-staff** conference will be scheduled and a *revised* action plan will be established.

Please note: In cases of behavior being **more severe or criminal in nature**, the participant may well skip other levels and be suspended or terminated from participation of some or all activities at BCPR facilities.

Level 1 Behaviors	Level 1 Responses
Pushing/kicking/hitting Spitting Gossiping/spreading rumors Embarrassing or making someone look foolish Mocking or mimicking Name-calling Dirty looks Taunting Teasing about clothing or possessions Threatening to reveal personal information Graffiti Publicly challenging to do something Defacing property or clothing Playing a dirty trick	Any of the following responses: Group meeting on appropriate and expected behaviors with everyone, not singling anyone out Loss of privileges Verbal warning Parent notified Time-out (5-15 minutes asked to separate themselves from the group) Pattern of Level 1 offenses may result in Level 2 response

Level 2 Behaviors	Level 2 Responses
Defacing Property Stealing Demeaning physical acts that are not physically harmful Locking in a closed or confined space Ethnic slurs Setting up to take the blame Humiliating publicly Excluding from group Social rejection Teasing about appearance Intimidating telephone calls Taking possessions Extortion Sexual or racial taunting	Parent contacted and any of the following responses: Loss of privileges (progressively more severe than Level 1) Making amends: Repairing, cleaning and replacing item (natural consequences) Writing a report on the topic Community service or monetary retribution Separation from other youth during activities Short-term suspension from program Pattern of Level 2 offenses may result in response for Level 3 responses.

Level 3 Behaviors	Level 3 Responses
Physical violence/inflicting bodily harm Threatening with a weapon Maliciously excluding Manipulating social order to achieve rejection Malicious rumor mongering Threatening with total isolation by peer group Verbal threats of aggression against property or possessions Verbal threats of violence or of inflicting bodily harm Threats of using coercion against family and friends Coercion	Required parent conference with coach/or staff member and any of the following responses: Behavior plan (outline expected behaviors in writing with next steps) Referral to one-on-one or small-group intervention sessions Short-term suspension for one to ten days from program Expulsion Criminal behavior will be referred to law enforcement for further action.

Bernalillo County Media Services Talent Release



Minor's Name(s): _____

Legal Guardian's Name: _____

I hereby grant consent, without compensation, to Bernalillo County to use photographs/videotapes/recordings of my minor child in print or online material, including social networking sites such as Facebook, etc.....

At _____ in _____ by Bernalillo County
(Recording Location) (Year)

Legal Guardian's signature _____

Address _____ City _____

State _____ Zip code _____

Date: ____/____/____

.....

Movie Preview Permission Section



The community center requires parental permission for your child/children to view movies that are seeing while participating at our facility, that are rated PG. Be assured that we will use proper discretion when showing full-length movies.

Child/Children's Name _____
(Please list all children's names)

____ Yes, I give my son/daughter permission to view PG rated movies

____ No, I do not give my son/daughter permission to view this movie.

Guardian Signature/Date

Phone Number