

PROGRAM(S) REGISTERING FOR: (Please check mark all that apply)		(Please check mark the location) <input type="checkbox"/> Los Padillas	
		<input type="checkbox"/> Los Vecinos	<input type="checkbox"/> Mountain View
<input type="checkbox"/> Summer Program 2020		<input type="checkbox"/> Paradise Hills	<input type="checkbox"/> Raymond G. Sanchez
		<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 Cell Phone: Home:		City/State Zip Cell Phone: 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 Does the child have a disability that requires accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify		Describe any behaviors that might be affected or caused by the above:	
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 Does the child have a disability that requires accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify		Describe any behaviors that might be affected or caused by the above:	
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 Does the child have a disability that requires accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify		Describe any behaviors that might be affected or caused by the above:	
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 AND EMERGENCY CONTACT 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 a caring, friendly and **safe** environment in a fun 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, fields, parks or programs.

What Is Bullying?

Bullying is aggressive behavior that is intentional that involves an imbalance of power and strength. Negative actions towards others that are repeated over time. Unfair one-sided behavior that happens when someone continues to hurt, frighten, threaten or leave someone out on purpose.

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

What is Cyberbullying?

The use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature.

Cyberbullying can occur on:

- Digital devices like cell phones, computers and tablets
- Social Media such as Facebook, Instagram, Snapchat, Twitter, Tik Tok, etc.
- Text message and Instant Message
- YouTube
- Email

Who is involved in bullying?

- Aggressor- Person mistreating and hurting someone purposely and repeatedly
- Target- Person being mistreated and intentionally hurt by someone else
- Bystander- Person who witnesses the mistreatment of another person

Bernalillo County's Commitment

1. If staff witnesses someone bullying or mistreating another person, they will intervene immediately and address the behavior.
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.
5. Disciplinary actions, if applicable, will be determined.
6. If situation has not been resolved, upper management will be contacted.
7. Your child's SAFETY is our priority!

If situation is not reported to a Bernalillo County Staff as a parent, you can:

1. Listen to your child to gather information on the situation.
2. Do not tell your child to ignore the situation, find out details.
3. Never encourage physical retaliation.
4. Help determine where and when the situation occurs with your child.
5. Do not take action into your own hands by confronting aggressor.
6. Report bullying incident to staff, and or Assistant Manager/Manager on site.

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

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

Bernalillo County's Refund Policy for Program Fees



Refunds for Program fees:

- Request must be made within 5 days of payment
- Partial Refunds will not be issued
- Registration fee is non-refundable

Debit Cards & Credit Cards – (Full Payments):

Refunds for payments that were made using a Debit Card or Credit Card and being refunded the full payment amount:

(If payment was made with 5 days of refund request date)

1. Refund request form must be filled out completely and signed by customer
2. Refund is issued to name on Credit Card/Debit Card used to make payment
3. 4-6 weeks' refund process from the time all paperwork is submitted to Bernalillo County correctly for processing.

Checks and Money Orders:

The process and documentation needed for refunds for payment made with Check and Money Orders are as followed:

1. Refund request form must be filled out completely and signed by customer
2. Copy of cancelled check (front and back) from the financial institution is needed for refund to be processed (Bernalillo County will not issue a refund if this is not attached)
3. 4-6 weeks' refund process from the time all paperwork is submitted to Bernalillo County correctly for processing.

I understand Bernalillo County's Program Refund Policy.

Printed Name: _____ Signature _____ Date _____