



CITY OF RANCHO CUCAMONGA

10500 Civic Center Drive | Rancho Cucamonga, CA 91730 | 909.477.2700 | www.CityofRC.us

PHOTOGRAPHY WAIVER

I, _____ acknowledge and agree that any photographs that have been taken with my image or likeness by any representative of the City of Rancho Cucamonga may be used for print, video and internet marketing uses by the City of Rancho Cucamonga.

I understand that the City of Rancho Cucamonga is not required to provide advanced notice of use of these photographs, to receive approval, and will not provide any type of payment for use my image in the photographs.

Signature

Print Name

Date

Parent's Signature (if student is a minor)

Print Child's Name

Address

() _____
Telephone Number



Parent/Guardian Acknowledgment Form

Please sign and return the Parent/Guardian Acknowledgment Form and turn into your child's Playschool

Instructor on the first day of class.

Student Last Name

Student First Name

I _____, certify that I have read and understand the Playschool Student Handbook and agree to abide by all guidelines and procedures of the Playschool Program. I also have read and understand that I will be charged a **\$50.00** late fee if the quarterly payments are not received by the due dates stated on page 21 of this handbook.

Parent/Guardian Last Name
(Please Print)

First Name
(Please Print)

Date

Signature

Date

Parent/Guardian Email: _____

OFFICE USE ONLY:

Staff signature: _____

Date: _____



PLAYSCHOOL PARTICIPANT EMERGENCY INFORMATION

CHILD'S NAME: _____

Parent(s)/guardian(s) name: _____ E-mail _____

Address: _____ City: _____ Zip code: _____

Class day/time: _____ Instructor: _____ Child's DOB: _____

Mother's/guardian's home #: _____ Work #: _____ Cell #: _____

Father's/guardian's home #: _____ Work #: _____ Cell #: _____

Does father live in home with child? Yes/No Does mother live in home with child? Yes/No

List Sibling's Names and Ages: _____

The people listed below are authorized to pick up the child listed on this form.

(Parent(s)/guardian(s), please do not forget to include yourself and spouse if applicable.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please list ANY medical issues, allergies (food or otherwise), medications, physical limitations, or information we should be aware of: _____

Is there anything about your child we should know about? For example: My child is afraid of puppets.
Please list anything that might make relating to your child easier: _____

Medical release: I do hereby give permission for any certified emergency personnel or health care professional to administer any type of medical treatment he/she deems necessary to the above named child in case of an emergency and in the event that I cannot be contacted.

Parent/guardian signature

Date