



Parks Recreation and Library Services
1800 E Hill Street, Signal Hill, CA 90755
562.989.7329
www.cityofsignalhill.org

ARC REGISTRATION FORM 2025 - 2026 Kindergarten – 5th Grade

Child's Last Name: First: Middle: Nickname:	Date of Birth	Gender	Grade
1.			
2.			
3.			

Child's Primary Address:	City:	Zip:
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Parent 1/Guardian Name:	Child lives with parent: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No	Cell Phone:	E-mail:
Address:	City:	Zip:	
Employer:	City:	Work Phone:	
Parent 2/Guardian Name:	Child lives with parent: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No	Home Phone:	E-mail:
Address:	City:	Zip:	
Employer:	City:	Work Phone:	

Emergency Contact: In the event of an illness or emergency, if a parent/guardian cannot be reached, list two adult(s) who may be called. (Adult must be over 18 years old)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Release Authorization: I authorize the following adult(s) to pick up my child. (Adult must be over 18 years old)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:



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CONSENT AND WAIVER FOR PARTICIPATION AND MEDICAL RELEASE

In consideration for my child's participation in the program offered above ("Program") which is under the supervision of the City of Signal Hill, I the undersigned (together with my child, individually and collectively, the "Participant"), hereby agree to indemnify and hold harmless the City of Signal Hill, its officers, agents, representatives and /or employees, from any claims, proceedings, damages, loss and/or liability including expenses and costs, that may result from any illness, death or injuries or damage to property that a Participant may sustain while participating in any activity connected with said Program, including but not limited to travel to and from an activity, whether such death or injury or damage to property is caused by the passive or active negligent act or omission of the City of Signal Hill, its officers, agents, representatives and/or employees, or any other cause except intentional torts, fraud, or violation of law. I agree that I will make no claim against the City of Signal Hill, its officers, agents, or employees for any injury or liability for which I have hereby indemnified the City. I further agree to assume responsibility for reasonable safety inspection of any grounds or structure for facilities at any location where the Participant may participate in the Program. I hereby permit the taking of photographs or videos of the Participant by the City of Signal Hill during City sponsored events, activities and/or programs to be used at the City's discretion (and the creation or production of materials in any form for such purpose), without further compensation to the Participant (or any entitlement to any license fee or royalty to the City of any kind). I further agree that use of such photos or videos may include public display or advertisement. I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment they deem necessary to the Participant in case of an emergency. I have received, read, and understand the Parent's Handbook and agree to and will abide by its contents. I understand that if my child vandalizes and/or destroys City property, fees will be assessed. I request that the Participant be permitted to travel under the supervision of the City of Signal Hill between Alvarado and Signal Hill Elementary schools and Calbrisas, Discovery Well, Hillbrook, Hilltop, Reservoir, and Signal Hill Parks, as well as on regularly scheduled excursions.

I acknowledge and agree that City is not responsible for providing medical treatment or medication of any kind to Participant, or for supervising Participant, during or in connection with Participant's participation in the Program or otherwise. However, I authorize, consent, and waive any claim related to City seeking or providing for medical care for Participant in the event City determines the need has arisen during or in connection with Participant's participation in the Program, provided that City shall first make an effort to contact me by calling me at the phone number above, and shall only proceed with seeking or providing for such treatment absent my directive in the event I do not answer or respond immediately or in the event of a medical emergency.

I HAVE READ AND AGREE TO THIS RELEASE AS A LEGAL GUARDIAN OR PARENT

Parent/Guardian Signature:	Relationship:	Date:
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Health Information: Child 1

Name:		Age:
School:	Teacher's Name:	Class Room #:
What are your child's special needs, if any? <i>(Please specify below)</i>		
Physical:	Medical:	Behavioral:
Food allergies:	Medication allergies:	Dietary restrictions:
Is your child presently taking any form of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:		
Child's Physician:		Phone:
Child's Insurance Carrier:		Member # or Policy #:
Hospital Preference:		City:



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Health Information: Child 2

Name:		Age:	
School:	Teacher's Name:		Class Room #:
What are your child's special needs, if any? <i>(Please specify below)</i>			
Physical:	Medical:	Behavioral:	
Food allergies:	Medication allergies:	Dietary restrictions:	
Is your child presently taking any form of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:			
Child's Physician:		Phone:	
Child's Insurance Carrier:		Member # or Policy #:	
Hospital Preference:		City:	

Health Information: Child 3

Name:		Age:	
School:	Teacher's Name:		Class Room #:
What are your child's special needs, if any? <i>(Please specify below)</i>			
Physical:	Medical:	Behavioral:	
Food allergies:	Medication allergies:	Dietary restrictions:	
Is your child presently taking any form of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:			
Child's Physician:		Phone:	
Child's Insurance Carrier:		Member # or Policy #:	
Hospital Preference:		City:	

Parent Questionnaire: Please take the time to answer these following questions. They are geared for staff to get to know your child better.

1. What hobbies, interests and activities does your child/ren enjoy?

Child 1: _____
Child 2: _____
Child 3: _____

2. What helps guide your child/ren when he/she is having a hard time? What techniques do you use to guide behavior?

Child 1: _____
Child 2: _____
Child 3: _____

3. Does your child/ren have any fears or anxieties that staff should be aware of?

Child 1: _____
Child 2: _____
Child 3: _____

4. Does your child/ren have any balance, coordination, or physical challenges that impede his/her ability to participate in any physical activities? If so, please describe:

Child 1: _____
Child 2: _____
Child 3: _____



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5. Do changes in routine or transitions to new activities affect you child/ren behavior? If so, what techniques help your child/ren adapt to change and transitions (i.e. prime (warn) them, use a timer, visual schedule, other)?

Child 1: _____

Child 2: _____

Child 3: _____

6. Does your child/ren have an IEP (Individual Education Plan) or behavior plan? If so, please explain:

Child 1: _____

Child 2: _____

Child 3: _____

7. Is there anything else that staff ought to know about your child/ren?

Child 1: _____

Child 2: _____

Child 3: _____

The following question is for Transitional Kindergarten (TK) and Kindergarten participants only:

8. Has your child attended preschool? ☐ Yes ☐ No If so, preschool name? _____

Behavior Management Policy: Staff use positive behavior management methods when working with children in the program in an effort to maintain a safe, enjoyable atmosphere for all who utilize the park. There are three basic rules discussed and posted that children are expected to follow while participating in our youth programs:

- **Be Safe.** Children need to behave in such a way that they do not put themselves or others in danger. The program prohibits fighting, hitting, kicking, biting, spitting, pushing, shoving, pulling hair, slapping, pinching and any other actions that may hurt someone. Camp participants are reminded to keep their hands and feet to themselves. These guidelines will keep the program safe and fun for everyone.
- **Be Kind.** Children in the program must demonstrate basic manners and respect. Our goal is to build positive relationships between staff and children and develop a good rapport between children. In addition, profanity, racial, or offensive language will not be tolerated. This includes talking back to group leaders and being rude or disrespectful of adults or other children.
- **Be Positively Involved.** Program participants need to be good sports and follow the rules. Children are asked to follow leader's instructions for activities and game rules. Cooperation and teamwork are essential to everyone's enjoyment.

Children who are registered in the program will be expected to adhere to these rules while participating in activities or utilizing the park facilities. On the first offense the participant will be reminded of the rules and given a warning. If the behavior persists, the participant will be asked for a second time to discontinue their actions. On the third offense, the behavior will be documented and discussed with the parent/guardian at pick up. A participant's parent/guardian may be required to pick the participant up depending on the severity of the offense. If there are further incidents, the participant will receive a suspension. The length of the suspension will be based on the severity of the offense. The participant will not be able to return to the program until the parent/guardian meets with the Coordinator. Upon returning to the program, the participant will be placed on probation for the remainder of the school year. If there are further incidents, the participant will be permanently expelled from the program.

If a participant is involved in a physical altercation with another participant or staff, the parent/guardian will immediately be called to remove the child from the program. We want to provide a safe and welcoming environment for other children and do not tolerate any violence at the program.

I, _____, parent/guardian of _____ have read and agree to adhere to the above behavior management policy.

Parent/Guardian Signature:		Relationship:	Date:
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Parent and Participant Code of Conduct

We are committed to providing a safe, enjoyable, and respectful environment for everyone. In order to maintain this environment, our participants and families are expected to follow the code of conduct below at all times. Please read and review lines 1-14 carefully with your child. Once you have reviewed these policies with your child, parent/guardian please initial each line and sign at the bottom indicating that you understand and agree to all of the following policies.

Please review with your child and initial each line below.

As a participant in Signal Hill youth programs, I will:

1. _____ Abide by all of the program policies and procedures.
2. _____ Demonstrate respect in my speech and actions for all people, facilities, nature, and rules.
3. _____ Follow staff instructions.
4. _____ Raise concerns respectfully.
5. _____ Not bully, harass, or use other derogatory language toward others.
6. _____ Remain with the group and follow staff safety instructions when transitioning from locations. This includes following all walking guidelines from the school to the Youth Center.
7. _____ Not possess or use prohibited items, including alcohol, tobacco, nicotine, vaping products, illegal drugs, prescription or non-prescription drugs, weapons, or related paraphernalia.
8. _____ Be responsible for my belongings
9. _____ Keep my hands, feet, and objects to myself and maintain appropriate boundaries by avoiding any aggressive play, physical violence, or play fighting.
10. _____ Not verbally abusing others including adults by using inappropriate language, gossip, threats, teasing, exclusion, or harassment.
11. _____ Avoid unsupervised activities that might endanger me or other participants physical or emotional well-being.
12. _____ Refrain from unsafe or harmful behaviors towards myself and others, including self-harm.
13. _____ Restrooms are to be used for intended purposes only. One person is allowed per stall in the restroom at a time. Play is never allowed in the restroom
14. _____ Inappropriately use cameras, audio/video equipment, computers, or web-based platforms (i.e. social media).

Please review each line and initial each line below.

As a parent of a child in Signal Hill youth programs, I understand that:

15. _____ The ARC Program operates Monday - Friday upon dismissal from school until 6:00 p.m. The program is not designed to provide care on an "as needed" basis. In order to keep your child's place in the program fees must be paid for each session. Parents may not skip payment for weeks or sessions.
16. _____ If your child/ren will not be attending ARC on a given day or if you will be picking up your child/ren directly from school, please call (562) 989-7329 to alert staff they should not be expecting to pick up your child/ren.



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17. _____ ARC is a fee based program. The fees are due the Wednesday before each session to avoid a late payment charge. An additional \$5 late fee, per child will be added for payments made on Thursday and an additional \$10 late fee, per child for payments made on Friday. There is no proration for sessions or payments. ARC program session fees are subject to change.
18. _____ After school pick up is at 2:05 p.m., Monday – Friday and 1:30 on Thursday. ARC staff will only be available for one pick up per day. If your child/ren will be participating in any after school activities or tardy at pick up time, on campus, staff will not be responsible for their pick up. Parents/guardians will be responsible for making the appropriate arrangements.
19. _____ For your child's protection, only people authorized in writing by the parent/guardian who are designated on the Release Authorization and over 18 years of age may pick up your child/ren. The staff will require photo identification for people other than the parent/guardian.
20. _____ Parents/guardians who are separated or divorced will need to provide copies of a signed court order if there are any restrictions regarding their child/ren. Without a signed court order, staff will be required to release the child/ren to either parent/guardian or whoever they authorize to pick up the participant.
21. _____ Your child/ren must be picked up by 6:00 p.m. When parents are late in picking up a child/ren, a phone call is made at 6:01 p.m. to the parent/guardian and all persons listed on the Release Authorization. A late pick up fee of \$15 will be charged for every fifteen minutes per child past 6:01 p.m. Late pick up fees are due within 24 hours of pick up.
22. _____ For the safety and comfort of all participants, children not abiding by the Behavior Management Policy, displaying violent or aggressive behavior, or who constantly have to be consulted about poor choices or inappropriate behavior will be suspended and risk possible termination from the program.
23. _____ If a participant is involved in a physical altercation or uses derogatory or threatening language with another participant or staff, the parent/guardian will immediately be called to remove the child from the program. We want to provide a safe and welcoming environment for other children and have no tolerance for violence at the program.
24. _____ By initialing, most films or videos presented at ARC are rated G - General Audiences, periodically a PG - Parental Guidance suggested film may be presented. I/we give permission for my child/ren to participate in the viewing of such films.
25. _____ I have reviewed the Behavior Guidance section of the Parent Handbook and understand the intervention and discipline procedures staff follow when addressing unwanted behaviors.
26. _____ Parents, guardians, authorized representatives, and authorized visitors are expected to behave respectfully when communicating with staff members. Parents, guardians, and authorized representatives are prohibited from addressing other children or other parents in relation to behavior concerns related to their child. We ask that parents allow staff to address behaviors with other children and their families. Any inappropriate behavior, abuse, or harassment will result in the suspension or cancellation of the child's enrollment. This includes yelling, threatening or other perceived aggressive behavior.

After reviewing this Code of Conduct, I understand that a violation of any of the rules, will require responsibility for those actions and their consequences.

Child's name _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____