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 (213) 249-9293 – Office ▪ (213) 388-7088 – Fax
 www.woodcrafrangers.org

2730 N Del Mar Ave., Rosemead, CA 91770
 (626) 307-3444 – Office ▪ (626) 307-9164 – Fax
 www.gesd.us

2020-2021 Expanded Learning Program Registration

Dear Parents/Guardians,

On behalf of the Garvey School District and Woodcraft Rangers staff, we would like to thank you for another year of wonderful events, projects, competitions, and so many memories. We will be providing registration forms for families interested in enrolling their students in the Woodcraft Rangers Expanded Learning program. We will be collecting all registration forms in person or via our online registration form. We will notify families about program confirmation once we know how expanded learning programs will best align with the Garvey school district, during Covid 19 social distancing.

REGISTRATION

To register for the 2020-21 Expanded Learning Program, please follow the instructions specified below.

- 1) **PICK UP** the Woodcraft Rangers **Program Registration Form**
 Dates: **June 29 – June 30, 2020**
 Location: Available at Grab and Go locations (see schools and available dates and times)
Grab & Go Location 1: Sanchez Elementary – 8470 Fern Ave., Rosemead, CA 91770
Grab & Go Location 2: Bitely Elementary – 7501 E. Fern Ave., Rosemead CA 91770
- 2) **Online Registration Form Visit:** <https://www.surveymonkey.com/r/WRGSDREG>
- 3) **RETURN** Registration Forms to the designated school at the **scheduled time** as specified below.

Bitely Elementary Address: 7501 Fern Ave, Rosemead, CA 91770 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.814.6053	Dewey Elementary Address: 525 Dewey Ave E, San Gabriel, CA 91776 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.807.9472	Emerson Elementary Address: 7544 Emerson Pl, Rosemead, CA 91770 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.807.9497
Garvey Intermediate Address: 2720 Jackson Ave, Rosemead, CA 91770 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.807.9529	Hillcrest Elementary Address: 795 Pepper St, Monterey Park, CA 91755 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.807.9125	Monterey Vista Elementary Address: 901 Graves Ave, Monterey Park, CA 91755 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.807.9763
Rice Elementary Address: 2150 Angelus Ave, Rosemead, CA 91770 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.807.9851	Sanchez Elementary Address: 8470 Fern Ave, Rosemead, CA 91770 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.807.9915	Temple Intermediate Address: 8470 Fern Ave, Rosemead, CA 91770 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.807.9058
Willard Elementary Address: 3152 Willard Ave, Rosemead, CA 91770 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.807.9125	Duff Elementary Address: 7830 Dorothy Street Rosemead CA 91770 Date: June 29 & 30, 2020 Time: 9:00am -12:00pm Phone: 213.807.9474	

We look forward to a new year of exciting services to promote whole child education. Please contact your Woodcraft Rangers After School Coordinator if you have any questions.

Karla Dominguez

Anita Chu
 Superintendent, Garvey School District

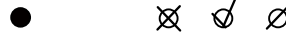


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PROGRAM REGISTRATION FORM Forma De Registracion Del Programa

WOODCRAFT RANGERS

Correct/Correcto Incorrect/Incorrecto



Please use a black or blue pen. Fill response bubbles completely /
Use lapicero con tinta azul o negro. Rellene los círculos completamente.

Please enter your responses in PRINTED CAPITAL LETTERS OR NUMBERS without touching the sides of the boxes / Escriba solamente con letras mayúsculas sin tocar las orillas.

1 2 3 A B C

Program Year: 2020/2021

Child's First Name/Nombre

Child's Middle Name/Segundo Nombre

[Grid for child's first and middle names]

Child's Last Name/Apellido

Date of Birth/ Fecha de Nacimiento:

[Grid for child's last name and date of birth]

Address/Dirección: Street/Calle

SEX/SEXO:

M F

[Grid for address]

City/Ciudad:

Zip Code/Código Postal

[Grid for city and zip code]

Grade the child will be in the 2020/2021 school year/El grado del próximo año escolar de su hijo(a)

- K 3 6 9 12
- 1 4 7 10
- 2 5 8 11

School/ Escuela:

[Grid for school name]

Child's Ethnicity and Race / Origen étnico de el menor y raza

Race (check one or more regardless of race) / Raza (marque uno o mas que uno sin tomar en cuenta la raza):

- American Indian or Alaskan Native/India americana o nativa de Alaska
- Native Hawaiian or Other Pacific Islander/asiática/isleña del Pacífico
- Black or African American/Negra o africana americana
- Hispanic or Latino/Hispanic o Latino
- Asian/Asiático
- White/Blanco
- Other/Otro

CHILD IS LIVING WITH/Hijo(a) vive con:

- Mother/Madre
- Father/Padre
- Both/Ambos
- Other/Otro

Mother/Madre - First Name/Nombre

Day Phone/Teléfono de Día

[Grid for mother's first name and day phone]

Last Name/Apellido

Eve Phone/Teléfono de Noche

[Grid for mother's last name and eve phone]

Father/Padre - First Name/Nombre

Day Phone/Teléfono de Día

[Grid for father's first name and day phone]

Last Name/Apellido

Eve Phone/Teléfono de Noche

[Grid for father's last name and eve phone]

Household or Work email address/Correo electrónico:

[Grid for email address]

Mother's place of work/Empleador de Madre:

[Grid for mother's place of work]

Father's place of work/Empleador de Padre:

[Grid for father's place of work]

OTHER ADULTS WHO CAN PICK UP MY CHILD, OR MAY BE CONTACTED IN CASE OF EMERGENCY:

Otros adultos que pueden recoger a mi niño/a, o que podemos llamar en caso de emergencia:

Name/Nombre	Relationship/relación	Day Phone/ Tel. De Día	Evening Phone/ Tel. De Noche
[Grid]	[Grid]	[Grid]	[Grid]
[Grid]	[Grid]	[Grid]	[Grid]

**** A PHOTO I.D. MAY BE REQUIRED OF ANY ADULT ATTEMPTING TO PICK UP YOUR CHILD****

**** Identificación será requerida de cualquier adulto que recoge a su niño/a****

PARENT/GUARDIAN SIGNATURE

DATE

Firma de Padre o Tutor Legal

Fecha

If your child is not picked up on time and no adult can be reached by telephone, staff is instructed to notify the local Police Department. / Si su niño no es recogido a tiempo y ningún adulto puede ser localizado por teléfono, el personal ha sido instruido para que notifique al Departamento de Policía local.

**For Office Use Only /
Para uso de oficina**

Site ID:

Student ID (must include last 3 digits for LAUSD):

[Grid for site ID]

[Grid for student ID]

- Medical & Liability Included
- Registration Fee Included (GSD)



MEDICAL AND PARTICIPATION INFORMATION
Información Médica y de Participación

For Office Use Only/ Para uso de oficina Site:

CHILD'S NAME/Nombre: (Last/Apellido) (First/Nombre) (Middle Initial/Segundo Nombre) BOY/Niño GIRL/Niña

DATE OF BIRTH/ Fecha de Nacimiento: SCHOOL/Escuela: TRACK/Carril: GRADE/Grado:

MEDICAL RELEASE/Permiso Médico

INITIALS/ Iniciales 1. YES/Si NO My child takes medication (prescription and non-prescription). Mi hijo/a toma medicina (con o sin receta). Woodcraft Rangers after school staff DO NOT dispense medications to children.

INITIALS/ Iniciales 2. I hereby give permission to the physician selected by Woodcraft Rangers to render medical treatment in case of emergency. Authorization is given pursuant to provisions of Section 25.8 of the California Civil Code.

MEDICAL PROVIDER AND INSURANCE INFORMATION/ Proveedor Médico e Información Sobre La Aseguranza
MEDICAL INSURANCE PROVIDER NAME POLICY # -OR- MEDICAL #
Nombre de Proveedor Médico Poliza # -or- Medical #
PHYSICIAN'S NAME/Nombre del Doctor PHONE NUMBER/Número del Tel.
Food or Medical Allergies/ Alergias de Medicacion o comida

PARTICIPATION RELEASE/Permiso Participación

INITIALS/ Iniciales 1. I hereby give permission to Woodcraft Rangers to photograph, videotape, and record my child's voice, knowing that any materials are the sole property of Woodcraft Rangers and their contractual partners.

INITIALS/ Iniciales 2. I hereby give permission for the School to release any and all confidential school records to Woodcraft Rangers and to agencies associated with Woodcraft Rangers for purposes of assessment and evaluation for the betterment of my child's academic and social success.

INITIALS/ Iniciales 3. I hereby give permission for my child to participate in activities or surveys designed to evaluate the effectiveness of Woodcraft Rangers.

INITIALS/ Iniciales 4. I hereby give permission for my child to participate in all Woodcraft Rangers Field Trips. A notice will be sent home with your child at least 1 week in advance regarding the date, times, and location of the field trip.

INITIALS/ Iniciales 5. I understand that there is an assumed risk of injury in all after school activities. I hereby waive all claims against Woodcraft Rangers and their contractual partners for any injury or damage to any person or property on and off the school premises.

- My child MAY PARTICIPATE in all after school activities. Mi hijo/a PUEDE PARTICIPAR en todas las actividades del programa.
My child MAY NOT participate in/Mi hijo(a) NO PUEDE participar en
I understand that after school staff will do their best to find a substitute activity for my child.

I attest that I have completely reviewed, understand, and agree to all information on this document. Yo atestigo que he revisado completamente, entiendo, y estoy de acuerdo con toda información en éste documento.

PARENT/GUARDIAN SIGNATURE DATE
Firma de Padre o Tutor Legal Fecha



RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services, programs, equipment and activities of the **WOODCRAFT RANGERS** for any purpose, including but not limited to observation of or use of the facilities, services, programs, equipment, activities, and participation in any on-site or off-site program run by for or affiliated with the **WOODCRAFT RANGERS**, the undersigned, for himself or herself or such children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering any premises owned, operated, leased, rented, or used in any manner by **WOODCRAFT RANGERS** and such affiliated programs or participating in any on-site or off-site program run by for or affiliated with the **WOODCRAFT RANGERS**, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the facilities, services, programs, equipment, activities of the **WOODCRAFT RANGERS** or use of the facilities, services, programs, equipment, activities and participation or observation in any on-site or off-site program run by for or affiliated with the **WOODCRAFT RANGERS** and such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FUTURE CONSIDERATION OF BEING PERMITTED TO ENTER ANY PREMISES OWNED, OPERATED, LEASED, RENTED, OR USED IN ANY MANNER BY WOODCRAFT RANGERS AND SUCH AFFILIATED PROGRAMS OR PARTICIPATING IN ANY ON-SITE OR OFF-SITE PROGRAM RUN BY FOR OR AFFILIATED WITH THE WOODCRAFT RANGERS FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES, EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE WOODCRAFT RANGERS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED** understands that the participation or observation of any activities, services, programs, equipment and facilities, naturally involves some risk of injury to you and/or your guest whether your or someone else cause it. As such I and my children understand and voluntarily accept this risk.
- 2. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE WOODCRAFT RANGERS** its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personnel representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property including, without limitation, personal bodily or mental injury, economic loss or resulting in death of the undersigned or such children, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the **WOODCRAFT RANGERS**.
- 3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about any premises owned, operated, leased, rented, or used in any manner by **WOODCRAFT RANGERS** and such affiliated programs or participating in any on-site or off-site program run by for or affiliated with the **WOODCRAFT RANGERS** or in any way observing or using any facilities, services, programs, equipment and activities of any program affiliated with the **WOODCRAFT RANGERS** whether caused by the negligence of the releases or otherwise.
- 4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGES** due to the negligence of releasee or otherwise while in, about or upon any premises owned, operated, leased, rented, or used in any manner by **WOODCRAFT RANGERS** and such affiliated programs or participating in any on-site or off-site program run by for or affiliated with the **WOODCRAFT RANGERS** and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with **WOODCRAFT RANGERS**.

THE UNDERSIGNED FURTHER EXPRESSLY AGREES THAT THE FOREGOING RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

DATED

PARENT NAME

STUDENT NAME

PARENT / APPLICANT SIGNATURE