City of Whittier Parks, Recreation & Community Services Department								
Participant Information Packet: WYN Club School Year 2024-25								
To attend programming, participants must have completed information emailed to								
Youth.Services@CityOfWhittier.org								
Program Details								
Our WYN Club School Year is a Recreation program for children 1st-5th grade. Programming occurs Monday-Friday for entire school year. Program Hours are school dismissal until 5:30pm. We close for all school holidays. Please select your School Year WYN Club site by checking a box below!								
Evergree	n	Hoover	Laurel	Leffingwell			Ocean View	
			Participant	Information				
Name:			MF	Grade:				
Home Address:				City:	Zip Code:			
Parent/Guardian Information								
Participants are released only to persons below. Staff may ask for photo ID. Please update as needed during program.							ng program.	
Parent/Legal G	iuardia	an #1 Name:		D.O.B.:				
Home Address:				City:	/: Zip Code:			
Email:				Phone #1: Phone #2:				
Parent/Legal Guardian #2 Name:				D.O.B.:				
Home Address:						Zip Code:		
Email:			Phone #1: Phone #2:					
Emergency Contact Information								
Emergency Contacts and Persons authorized to pick up child other than Parent or Legal Guardian:								
Contact Name #1			Phone		Relationship			
Contact Name #2			Phone		Relationship			
Contact Name	#3		Phone		Relationship			
Contact Name			Phone		Relationship			
Contact Name	#5		Phone		Relations	hip		
Walk Home Notification								
YES	-	YES, my child is able to check him/herself out and walk home at any time <i>OR after time listed:</i> (If guardian provides child permission to check themselves out, they must walk home after doing so.)						
NO		NO, my child is NOT able to check him/herself out and walk home at any time.						
ſ	Parent/Guardian Name		ame	Signature		Date		

City of Whittier Parks, Recreation & Community Services Department								
Participant Emergency Medical Information								
Insurance Company:		Address:						
Policy Number:		City:	Zip Code:					
Family Physician Name:		Phone:						
Medical History (FOOD ALLERGIES, allergies, epilepsy, diabetes, etc.):								
Please inform us of any behavioral issues or modifications we should be aware of:								
Will your child be taking medic	ation at the program site? If yes,	list medications below.	YES NO					
If participant needs medication	at site, please complete Physicic	an's Recommendations for Medi	cation form below!					
If participant needs medication at site, please complete Physician's Recommendations for Medication form below! Physician's Recommendations for Medication								
-	nd returned to Whittier Commun in carrying out a physician's reco							
	nmendation as nearly as possible							
· · · · · · · ·	physician requests their assistand	ce.						
Participant Name:			D.O.B.:					
Name of Medication	Form (Tablet, pill, capsule)	Dosage	Time of Day					
Precautions, if any:								
Side Effects/Allergic Reactions:								
Physician Signature:	License Number:							
Parent's Request for Program Assistance with Medication Administration								
We request the supervisor or his/her designee to assist in carrying out the above-named physician's prescribed								
medication for my child. It is recognized that this is an accommodation which the program is not legally required to								
perform. We agree to hold the City of Whittier/and its personnel free from any or all suits or any legal action, which might arise out of these arrangements.								
If clarification is needed, please call the Whittier Community Center (562) 567-9430.								
Parent/Guardian Name Signature Date								

City of Whittier Parks, Recreation & Community Services Department Youth Services Code of Conduct: WYN Club School Year 2024-25

The City of Whittier Parks, Recreation & Community Services Department reserves the right to handle extreme violations of the Youth Services Code of Conduct or additional detrimental behavior not defined in the Code of Conduct at their discretion. Failure to adhere to Code of Conduct may result in suspension and/or removal from program. This is a drop-in recreation program and not a licensed day care facility. The following rules are enforced at all City of Whittier Youth Services program sites:

- 1. Parents/guardians will monitor their child's daily health. If child shows signs of fatigue or illness, please keep them home. Youth Services staff have authority to refuse admission to any child who appears to be ill. If child has contagious disease, please contact Whittier Community Center at (562) 567-9430 so we can notify all families.
- 2. All participants must report to their designated check-in area immediately once program begins. Failure to do so will result in a call to the parent or legal guardian once child has checked into Youth Services Programming.
- 3. Participants are not to visit classrooms afterschool unless we have the parent's permission in writing. Participant must check in with the Youth Services program before visiting the classroom. Participants are not to make purchases from any vendors prior to checking into Youth Services programming.
- 4. All members, parents and guardians are to be respectful of staff, participants, parents, property, equipment, and facilities.
- 5. Inappropriate language and physical interactions, and Public Displays of Affection (PDA) will not be tolerated at any program sites.
- 6. The City of Whittier is not responsible for lost, stolen or misplaced items. Please do not bring toys, trading cards, electronics, games, or valuable property. Smart technology is discouraged during program. Do not send money with children unless instructed by staff. *NO WEAPONS, toy models included, ALLOWED*. Items may be confiscated and returned to parent/guardian upon pickup.
- 7. Skateboards, scooters, skates, bikes, rollerblades, or sport shoes with wheels are not to be used during program.
- 8. During inclement weather, we make all efforts to find an appropriate location to continue programming.
- 9. Additional detrimental behavior not defined may fall under City of Whittier Youth Services, Whittier City or East Whittier City School District's student Code of Conducts.

PICK UP TIMES & LATE FEE POLICIES

- 1. Participant pick up should occur before 5:30pm at all sites. A 5-minute grace period is given at sites. Parent or Guardian must exit vehicle when picking up participant. Be courteous to residents and refrain from honking horn when picking up participant(s).
- 2. After five-minute grace period, a late fee of \$2 per minute will begin to accrue. Staff will have guardian sign Late Fee Billing Receipt at time of pick-up. Guardians are billed on their account for late fees and must submit payment online or to the Whittier Community Center. Failure to pay late fees may result in removal from Youth Services programming.
- 3. If staff are unable to reach a parent, guardian, or an emergency contact by 30 MINUTES after site closure, the child is transported to the Whittier Police Department until they can be picked-up by a parent or guardian.

HEAD LICE POLICY

As a city program, we have ability to handle each situation, as we deem appropriate. There is a difference between nits and lice. The guidelines are clear. If child has nits, they are sent home and allowed to return with doctor's release. If child has lice, they are sent home, and unable to return until child is treated and cleared of lice. The child will need to be confirmed by staff that the lice is no longer visible. By signing HEAD LICE POLICY, you understand the policy.

We have read the Youth Services Code of Conduct and discussed with our participant. We understand repeated infractions of rules may result in participant's suspension and/or removal from City of Whittier Youth Services programs.

Parent/Guardian Name	Signature	Date
Youth Services Participant Name	Signature	Date
Youth Services Participant Name	Signature	Date

City of Whittier Parks, Recreation & Community Services Department RELEASE FROM LIABILITY AND INDEMNIFICATION

I agree to waive and release the Parks, Recreation, & Community Services Department and the City of Whittier, its officers, and employees from and against any and all claims, liabilities, expenses, or judgments, including attorney's fees and court cost arising from my child's participation in the City's recreation program or accruing after my child has been released to me at the below stated time, or any and all illness/injury resulting there from, and hereby agree to indemnify and hold harmless the City of Whittier, its officers, agents, and employees from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the City of Whittier or its officers, agents, or employees. I understand and agree that by signing this waiver I am releasing the City of Whittier, its officers, agents, or employees, from any and all liability resulting from my (or my child's) participation in this City sponsored event or activity. I recognize that this event or activity can be dangerous to me (or my child) and accept those dangers. I understand that if I am (or my child is) injured during my (or my child's) participation in the City sponsored event or activity, or after the time of my child's release, this waiver will be used against me and anyone else claiming damage because of my (or my child's) injury in any legal action. I also understand that no City officer, employee, or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the event or activity in which I (or my child) will participate in this City recreation program and that I am (or my child is) in good physical health and that I (or my child) do not have physical and/or emotional conditions, past or present, of which I am aware, which would in any way affect my (or my child's) ability to participate in this activity, or my ability to supervise my child after the time of my child's release. "I have personally read and understand this waiver."

In case of emergency, I give my permission for emergency medical treatment. I also give my permission for any photographs taken of myself or any member of the family to be used for advertising purposes for the Community Services Department. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian and received by the City. My signature acknowledges that I understand and agree to the above conditions.

The Release from Liability and Indemnification Form will cover all field trips, recreational swim and any other excursions and activities mentioned on the activity calendar. Please see your weekly calendar for exact time and date of activities.

Parent/Guardian Name	Signature	Date
Youth Services Participant Name		