



## LOFT Membership Packet 2018/2019

PARENTS: PLEASE FILL THIS OUT WITH YOUR CHILD

For students in 4th grade and up

The San Geronimo Valley Community Center's LOFT After School Youth Program

P.O. Box 194 • SAN GERONIMO, CA. 94963

415.488.4118 ext.218 FAX 415.488.9398

The LOFT Program Description: The LOFT is a diverse, youth-driven program dedicated to promoting personal and group development through fun events, creative expression, community activism, youth empowerment, mentoring, and the open exchange of ideas.

The LOFT After-School program is open from the end of the school day, Monday through Thursdays until 5:30 pm, and Fridays until 5:00 p.m.- following the Lagunitas School District calendar. Annual membership is \$300.00, and includes healthy snacks, in-Loft after school activities and gym time.

Evening Programming: Throughout the year, The LOFT puts on nighttime events for youth for an additional fee.

### ADMISSIONS AGREEMENT

**Personal Property:** The LOFT is not responsible for personal items if they are lost or damaged.

**Medication Procedures & Other Health Issues:** We will clean and bandage cuts and scrapes. If your child is unwell; we will provide a comfortable place for her/him to rest while his/her parents are being notified. Although we are not able to dispense medications, we will provide children with a safe place to store their own, and will be happy to remind them to take them as directed, per written instructions from parents.

**Registration & Fees:** The annual LOFT membership fee is \$300. Payment can be made all at once or in up to 3 payments (each trimester) with prearrangement with Howie Cort who can be reached at hcort@sgvcc.org or 415.488.4118 ext. 218. Partial scholarships based on need are available. We do not offer a sibling or drop in discount.

**Sign-In and Sign-Out/ Pick-Up Policy:** LOFT members arriving from school are required to sign in each day at the Loft. Please note that the LOFT closes promptly at 5:30 p.m., Monday through Thursday and **Friday at 5:00 p.m.**

**Communication:** Please inform the LOFT staff of any pertinent information and changes so we can our keep files updated and current, especially if your child has a specific allergy or any additional concerns regarding your child's care. Likewise, please feel free to contact our Program Director, Nicole Ramirez, at 415-488-8888 ext. # 254 or speak directly with any of our LOFT staff regarding your child(ren) or the program.

**Suspected Child Abuse:** As Mandated Reporters, all Community Center staff are required to report any instances of suspected child abuse or endangerment, to Children and Family Services, (CFS), who have the authority to observe the physical condition of a child, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional examine the client.

I have read the information above and understand the San Geronimo Valley Community Center LOFT admission policies. I understand that I cannot hold The LOFT accountable for my child's safety and wellbeing unless I provide them with the necessary information.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Loft Membership Application to be completed by both parent and child**  
**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (you must be in 4th grade or above to be a member)

Home Phone #: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Cell Phone #1: \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Cell Phone #2: \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Is there any information that you feel we should know about you? Allergies, medical needs we should know about?

\_\_\_\_\_

In an emergency, a qualified doctor may treat my child. (Please initial) \_\_\_\_\_

Name of hospital child to be treated at: \_\_\_\_\_

Medical Record #: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use:

Trimester 1: \_\_\_\_\_ Trimester 2: \_\_\_\_\_ Trimester 3: \_\_\_\_\_ Paid in Full: \_\_\_\_\_

**LOFT Behavioral Agreements and Policies**

**Parents: Go over this ENTIRE application with your child**

"I understand that as a member of The Loft there are certain agreements and policies that I am expected to adhere to. I understand the ground rules to be as follows: "

Have your child initial the following:

- \_\_\_ Each person is responsible for his/her own choices, actions and behavior
- \_\_\_ Putdowns and teasing create an unsafe environment; offensive, vulgar or threatening language and/or actions will not be tolerated
- \_\_\_ No aggressive behavior
- \_\_\_ No Sexual contact
- \_\_\_ Physical boundaries between Loft members must be respected.
- \_\_\_ Written or verbal consent is required for members to leave The Loft without supervision.
- \_\_\_ All LOFT property must be respected and put away by the person using it. If something is broken or lost because of abuse or neglect, the item will be replaced or repaired by the responsible party.
- \_\_\_ Personal property is to be stored inside The LOFT. No one is to touch, move or take another's personal property.

**PLEASE PRINT CLEARLY**

I (child member's name) \_\_\_\_\_ have read, understand and agree to honor these agreements and policies. I understand that I may address the staff if I am unsure of the rules, or wish to communicate any ideas/problems regarding the LOFT or its policies. I know by signing this agreement that I am accountable for my actions. If I don't abide by these behavioral agreements, my parents/guardians will be notified and a meeting will be held with the LOFT staff and my parents/guardians.

Member's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**The LOFT Electronic Device Agreements and Policies**

In order to align with our school cell phone policy, we would like to create an after school culture where cell phones and other electronic devices are left home or out of sight. Our intention is not to demonize phones or technology in general, but to create a focused, emotionally comfortable and fun environment at The LOFT.

**Cell Phone Agreement:**

If your child needs to bring a phone or device to The LOFT, we will ask your child to place it in our holding box until they are picked up. If you need to contact your child or your child needs to contact you, we ask you do so by our landline: 415.488.4418 x 218, unless previously arranged with The LOFT staff.

If we find your child is intentionally using their electronic device, we will take possession of it for the day until they are picked up.

**WII Agreement:**

We allow group Wii play on Mondays, Wednesdays and Fridays from 3:45 p.m. until 4:30 p.m. There will be no WII play on Tuesdays and Thursdays. The WII and TV are to be used appropriately and courteously; any unsafe or damaging play will result in immediate loss of privileges. Equipment damaged due to negligence or misuse must be repaired or replaced by the responsible party.

**PLEASE PRINT CLEARLY**

I (member's name) \_\_\_\_\_ have read and understand The LOFT Electronic Device Agreements.

Date: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ have read and understand The LOFT Electronic Device Agreements.

Date: \_\_\_\_\_

**The LOFT Self-Check-Out Consent**

By signing here I, (parent/ guardian name), agree to allow my child,

(Child's name) \_\_\_\_\_ to sign out and leave The LOFT without a parent present, be it to walk home, go to a friend's house, an after school class, sports practice or something else. My child knows to check in with LOFT staff before I leave.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

I understand that photos of my child may be used for public relations and I give informed consent for the San Geronimo Valley Community Center to use my child's likeness in its i.e. newspaper, website, brochures, emails etc.

Parent/ Guardian signature: \_\_\_\_\_

**Transportation Authorization**

Sometimes The LOFT/ San Geronimo Valley Community Center takes trips to other sites or activities. In order for us to transport your child to events or activities offsite from the SGVCC and LOFT, please fill out the form below.

LOFT Member's Name: \_\_\_\_\_

I, (parent/guardian name) \_\_\_\_\_ authorize the SGVCC / LOFT to drive my child on LOFT/SGVCC sponsored events.

**Hold Harmless and Indemnification Agreement: The undersigned agrees to defend, indemnify and hold harmless the Lagunitas School District and San Geronimo Valley Community Center, its Board of Trustees, its Board of Directors, agents and employees, individually and collectively, from all costs, losses, claims, demands, suits, action payments and judgments, including legal and attorney fees, recovered against any of the above that may arise for any reason from or during or alleged to be caused by the undersigned's participation in the voluntary community activity.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed application along with your payment to the LOFT, one of the school offices or mail to:  
The San Geronimo Valley Community Center's After School Youth Program The LOFT  
P.O. Box 194 · SAN GERONIMO, CA 94963

Checks can be made out to San Geronimo Valley Community Center (SGVCC)  
For more information, please call 415.488.4118 ext. 218  
Email: hcort@sgvcc.org