



**LOFT Membership Packet 2019/2020**  
*PARENTS: PLEASE FILL THIS OUT WITH YOUR CHILD*  
For students 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.

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 \$345.00 and includes healthy snacks, and afterschool activities and gym time. 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](mailto: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 if you have 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.

I have read the information above and understand the San Geronimo Valley Community Center LOFT admission policies.

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

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

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

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

Grade: \_\_\_\_\_ Age (you must be in grade 4 or above to be a Loft member): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Parent/Guardian Name #1: \_\_\_\_\_ Email: \_\_\_\_\_

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

Parent/Guardian Name #2: \_\_\_\_\_ Email \_\_\_\_\_

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

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

Emergency Contact Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Allergies, medical needs, other concerns or information that would help us be able to provide the best care for your child? Please note that staff will keep any sensitive information confidential, and we are happy to arrange a meeting to discuss any concerns in person.

\_\_\_\_\_

**EMERGENCY INFORMATION**

Preferred hospital: \_\_\_\_\_

Medical Insurance Carrier and Record #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_

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

Office use:

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

## **LOFT GUIDELINES AND BEHAVIORAL AGREEMENTS**

*Please review with and have your child initial each item:*

- 1) Conflicts between participants are to be resolved in a respectful manner. Any conflict which requires adult intervention should be referred to a staff member. (Use respectful language to settle disagreements, and get help from an adult staff member when you need it.) \_\_\_\_\_
- 2) No disrespectful language is to be directed towards other participants or towards staff members. (Speak with respect to others and staff.) \_\_\_\_\_
- 3) No contact of inappropriate or sexual nature. (Keep your hands to yourself.) \_\_\_\_\_
- 4) No physical violence or threats. (Keep your hands to yourself, and get adult help from staff to help solve an argument.) \_\_\_\_\_
- 5) No hate speech, or any speech which puts down another group of people. (Speak respectfully to others.) \_\_\_\_\_
- 6) Cell phones and other electronic devices are to be kept in backpacks and not used while at the Community Center, unless previously arranged with a staff member for homework or contacting parents and guardians. Any use outside of these guidelines may result in devices being kept in the office until pick-up. \_\_\_\_\_

Breaking of Guidelines and Behavioral Agreements will be addressed by staff, and, depending on the incident, may result in loss of privileges, discussion with parents and guardians, restorative justice practices, suspension from, or banning from SGVCC programming and events and property.

Parents and guardians please note that in the event of bullying or cyberbullying, hate speech, physical violence or threats, sexual misconduct, vandalism, theft, or other incidents which may compromise the healthy environment of the SGVCC (whether occurring at or outside of the SGVCC, at school, or elsewhere,) may result in disciplinary consequences, up to and including exclusion from the SGVCC. The SGVCC reserves the right to refuse service or inclusion in events and programs to anyone for any reason, in the interest of maintaining a safe, healthy environment for all participants.

I (child'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.

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.

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.  
Please make checks to : SGVCC/The LOFT

You can also pay on-line at: [sgvcc.org](http://sgvcc.org)

For more information, please call 415.488.4118 ext. 218  
Email: [hcort@sgvcc.org](mailto:hcort@sgvcc.org)