



LOFT Membership Packet 2021-202

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

For students in 4th grade & up

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

415.488.4118 ext.218 FAX 415.488.9398

PLEASE FILL THIS OUT WITH YOUR CHILD

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 -Thursday until 5:30 pm & Fridays until 5:00 pm**, following the Lagunitas School District calendar.

ADMISSIONS AGREEMENT

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

Health Protocols & Medication Procedures: Families, children, and staff will continue to adhere to the Lagunitas School District & CDC safety guidelines and protocols to ensure the well-being of all.

We will clean and bandage cuts and scrapes. 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 \$115 per trimester or \$345 for year.

Partial scholarships based on need are available. We do not offer a sibling or drop in discount.

Please contact Julie Young who can be reached at jyoung@sgvcc.org or 415.488.4118 ext. 218

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 **Monday -Thursday at 5:30 pm & Fridays at 5:00 pm.**

LOFT members are permitted to walk/ride home with signed permission of Parent/Guardian or direct communication with LOFT staff. Please see: [The LOFT Self-Check-Out Consent form.](#)

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 x254 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/guardian and child/member
PLEASE PRINT CLEARLY

Member's 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: _____ Work _____

Parent/Guardian Name: _____ Email _____

Parent/Guardian Cell Phone: _____ Work _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Is there any other 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: _____

Parent/Guardian 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.

PLEASE PRINT CLEARLY

"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/member initial the following:

____ Each person is responsible for his/her own choices, actions and behavior

____ Putdowns and teasing create an unsafe environment. Aggressive behavior, offensive, vulgar or threatening language will not be tolerated.

____ No Sexual contact

____ Physical boundaries and space 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.

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.

Child/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.

I (Child/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/Member'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 checking out and leaving the campus.

Parent/ Guardian Signature: _____ Date: _____

Walking Field Trips

(Child's/Member's name) _____ has permission to participate in San Geronimo Valley Community Center Walking Field Trips.

I understand the walking field trips will take place on properties surrounding the Lagunitas School Campus (Roys Redwoods, Trust for Public Land and Marin Co.Open Space). I also understand my child(ren) will be supervised by LOFT/ SGVCC staff while on the field trips.

Parent/Guardian 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: _____

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)
Payments can be made on-line at www.sgvcc.org

For more information, please call 415.488.4118 ext. 218
Email: jyoung@sgvcc.org