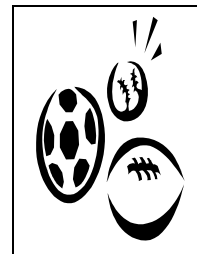




Attention Dana Parents!
 Register now for
Dana's Morning Recreation Program
 Operated by Social Advocates for Youth (SAY)



SAY is offering a high quality recreation program open to all students attending Dana Middle School. The program will operate daily from 6:30-9:00 am. The program is a fun and enriching experience for your child, providing a wide variety of activities designed with your child's age, skills, and interests in mind. Activities include:

- * Arts & crafts *Sports *Cooking *Homework lab
- *Dance *Music *Special Events

Students will be able to sign out for breakfast when the school cafeteria opens at 8:30 am. Staff is not responsible for students once they have signed out of the program for the day.

FEES: Please mail all forms and applicable fees including a one time \$45 registration fee to:
SAY, San Diego
8755 Aero Drive, Suite #100
San Diego, CA. 92123.

After September, fees will be due to the SAY office by the first of the month.
 Monthly fees follow the schedule listed below.

SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
\$147	\$171	\$130	\$106	\$163	\$147	\$187	\$130	\$171	\$74

For registration information please call (858) 565-4148 ext 259.
 Registration is not complete until all fees are submitted and forms are completed and returned.

Child name _____ Child name _____
 Enrolling parent name _____ Daytime phone number _____

I have read and agree to the above information regarding before school care. I understand that there will be no refunds other than if the program is canceled. I understand that staff will not provide care outside the hours listed, and that I agree to read and follow the SAY policies given to me when I register my child(ren) in the SAY Morning recreation program at Dana Middle School.

Enrolling parent signature _____ Date _____

Dana Morning Recreation Program Enrollment Form

2010/2011

Enrolling Parent/Legal Guardian Name _____ Home Phone (_____) _____
(The above person will be responsible for the payment of fees)

Home Address _____ Zip _____ Cell Phone(_____) _____

Day time phone number (_____) _____ Email Address _____

Best method of contact work home email cell

Other Parent/Legal Guardian Name _____ Home Phone (_____) _____

Does the other parent live in the same household as the child? Yes _____ No _____

If not, please provide legal documentation (custody, divorce and/ or restraining orders) that defines your position.

Home Address _____ Zip _____

Day time phone number (_____) _____ Cell phone (_____) _____

Local Emergency Contact _____ Phone # _____ Relationship _____

Please read the following carefully and acknowledge your agreement by initialing each section.

Liability Release/Waiver

(Initials)

- The provider agency (SAY) does not maintain health insurance for injuries to the participant that may arise out of the involvement in this program.
- By virtue of participation, I, or my child(ren), may risk bodily injury and or other loss including damage to property. I knowingly and freely assume all such risk for myself and my child(ren).
- I release and hold harmless and will not hold legally responsible SAY, San Diego, Inc, its officers, agents, contractors, subcontractors, or employees with respect to any and all such injury and or loss except that injury or loss which results from negligence or willful misconduct of one of the individuals or organizations.
- I agree to inform my child(ren) that he/she must follow all safety rules, as well as any others given during program activities.

Medical Release

(Initials)

- I hereby authorize and give my consent for emergency medical care to be given to the above named child while he/she participates in the SAY program.

Parent Policies

(Initials)

- For parents/guardians new to SAY programs, please request a copy of the Parent Policies from the site's Site Supervisor and initial above to indicate the following: I have received, read, and agree to abide by the policies and procedures included in Parents' Policies.

I have read and agree to the above information regarding before school care. I understand that there will be no refunds or pro-rating of fees. I understand that staff will not provide care outside the hours listed, and that I agree to read and follow the SAY policies given to me when I register my child(ren) in the SAY 's Dana Morning Recreation Program.

Enrolling parent signature _____ Date _____