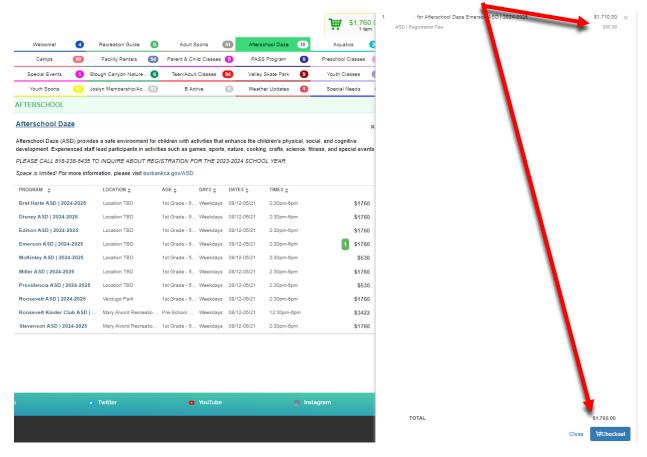
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STEP 3: Select the eligible child(ren) to register and <u>ADD TO CART</u>

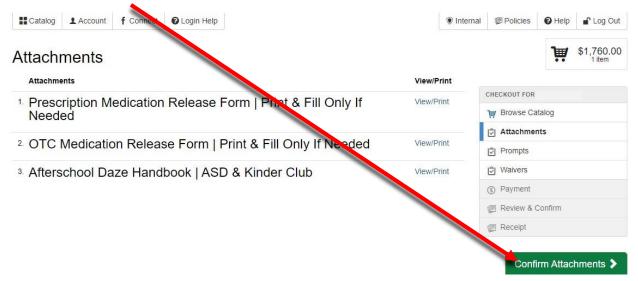
fterschool Daze						
fterschool Daze (ASD) provide	s a safe environment for	children with ac	tivities that	nhance the ch	nildren's physical, social, a	
evelopment. Experienced staff	lead participants in activi	ties such as gar	mes, sports	nature, cookir	ig, crafts, science, fitness,	and special event
LEASE CALL 818-238-5435 T pace is limited! For more inforr			OR THE 202	23-2024 SCHO	OL YEAR.	
PROGRAM \$	LOCATION \$	AGE 👙	DAYS 🛊	DAT IS \$	TIMES \$	
Bret Harte ASD 2024-2025	Location TBD	1st Grade - 5	Weekdays	08/12 05/21	2:30pm-6pm	\$1760
Disney ASD 2024-2025	Location TBD	1st Grade - 5	Weekdays	08/12-15/21	2:30pm-8pm	\$1760
Edison ASD 2024-2025	Location TBD	1st Grade - 5	Weekdays	08/12-05 21	2:30pm-8pm	\$1760
Emerson A SD 2024-2025	Location TBD	1st Grade - 5	Weekdays	08/12-05/1	2:30pm-6pm	\$1760
Activity After	school Daze			ACOL	INT MEMBER'S	
	rson ASD 2024-2025			~~~~	THE MERICE	
Location Loca						
Date Range 08/1	C. S. C. Constanting and the second second second		2015		Ineligible by Age (4yr 6r	n-11), Ineligible
	p-6p every weekday from	Aug 12 to May	21		by Grade	
Age/Gender 1st C						
Fee S1,7 Registration Jun					leligible by Age (4yr 6r	m-11), Ineligible
Max Participants 45	/ Julinay 21 Ju				bj Grade	
					Eligible	
				2+ A	dd Account Member	
				_		
				20.04	To Cart	
				1₩ Add	d To Cart	
IcKinley ASD 2024-2025	Location TBD	1st Grade - 5	Weekdays		d To Cart 2:30pm-8pm	\$530
	Location TBD	1st Grade - 5	-	08/12-05/21		\$530 \$1760
Ailler A SD 2024-2025			Weekdays	08/12-05/21 08/12-05/21	2:30pm-8pm	10
Miller A SD 2024-2025 Providencia A SD 2024-2025	Location TBD	1st Grade - 5	Weekdays Weekdays	08/12-05/21 08/12-05/21 08/12-05/21	2:30pm-8pm 2:30pm-8pm	\$1760
McKinley ASD 2024-2025 Miller A SD 2024-2025 Providencia A SD 2024-2025 Roosevelt A SD 2024-2025 Roosevelt Kinder Club A SD	Location TBD Location TBD Verdugo Park	1st Grade - 5 1st Grade - 5 1st Grade - 5	Weekdays Weekdays Weekdays	08/12-05/21 08/12-05/21 08/12-05/21 08/12-05/21	2:30pm-8pm 2:30pm-8pm 2:30pm-8pm	\$1760 \$530

STEP 4: Confirm children and site are correct on cart and select CHECKOUT

(The total amount listed is for the full school year- you can choose to either pay in full at this time, or to pay for the month of August only and be put on a monthly payment plan later in the process)



STEP 5: CONFIRM FORMS. Print and fill forms only if needed, email to afterschooldaze@burbankca.gov



STEP 6: <u>COMPLETE PROMPTS THOROUGHLY</u>. *Three emergency contacts are required*. If none or unknown, type N/A. <u>SUBMIT RESPONSES</u>.

		💥 Browse Catalog
Prompts for		2 Attachments
 Emergency/Authorized Pick-Up Contact 1 First & Last Name; 		[ੳ] Prompts
Phone Number (XXX) XXX - XXXX; Relationship to Child:		🔄 Waivers
2. Emergency Contact/Authorized Pick-Up 2		(s) Payment
First & Last Name;		🕼 Review & Confirm
Phone Number (XXX) XXX - XXXX; Relationship to Child:		Receipt
 Emergency Contact/Authorized Pick-Up 3 First & Last Name; Phone Number (XXX) XXX - XXXX; Relationship to Child; 		Submit Responses >
4. Emergency Contact/Authorized Pick-Up 4		Attachmer
First & Last Name; Phone Number (XXX) XXX - XXXX; Relationship to Child:		Follow us on Social Media
5. Emergency Contact/Authorized Pick-Up 5 First & Last Name; Phone Number (XXX) XXX - XXXX; Relationship to Child:		f
6. Please specify SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS (Current medications, known allergies, physical limitations, etc.): Note: If none, please enter N/A. If a prescription or over-the- counter medication will need to be held/administered, during program hours, a City of Burbank Parks & Recreation Department Medication Release Form is required. Prescription medications require a physician signature.		
7. Teacher Name: Room Number:		
8. Grade student is entering in the Fall 2024		
9. Please provide your child's current vaccination status	Select an option •	

STEP 7: AGREE TO PARENT CONSENT & MEDICAL TREATMENT CONSENT. Electronic signature is required. CONFIRM WAIVER AGREEMENT.

Waivers	\$1,/60.00 1 item
ASD Parent Consent	CHECKOUT FOR
	1 Browse Catalog
Applies to: for Afterschool Daze Emerson ASD 2024-2025	Attachments
	Prompts
PARENT CONSENT:	🕆 Waivers
I give permission for my child to particidate in the City of Burbank Parks and Recreation Afterschool Daze program, including trips by	(5) Payment
van, foot, or bus. I agree to hold have been been been been been been been be	🕼 Review & Confirm
in Afterschool Daze.	🗐 Receipt
I grant the City of Burb nk permission to use my or my child(ren)'s photographs and images, including but not limited to video images and sound recording, for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank.	Confirm Waiver Agreement >
agree on behalf of	
	Follow us on Social Media
ASD Medical Treatment Consent	
Applies to: for Afterschool Daze Emerson ASD 2024-2025	f

MEDICAL EMERGENCY TREATMENT CONSENT:

As parent/guardian, I hereby consent to treat my minor child for any and all medical procedures deemed necessary as a result of accident or injury or illness. Consent is given for any licensed physician, surgeon, or accredited emergency unit to give medical attention, and to administer such treatment, drugs and medicines (except as noted below), and to perform such surgical procedures as he/she shall think the existing emergency requires. I further understand that the City of Burbank has no medical insurance and that I am responsible for payment of said treatment.

I understand Over the Counter (OTC) and/or Prescription Medications cannot be held and/or administered in camp without a completed Medication Release Form on file. STEP 8: <u>AGREE to auto-billing.</u> In Available Payment Plans, <u>SELECT THE AFTERSCHOOL DAZE 2024-2025</u> <u>PAYMENT PLAN.</u> By selecting this option, your payment will be automatically charged on the 25th of each month starting on August 25th. Registration fee (\$50) and payment for the first two weeks of school will be due at checkout. <u>SELECT YOUR SAVED CREDIT CARD and CONTINUE TO PAYMENT</u>.

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	Catalog LAccount f	Connect 🕑 Login Help			Internal	Policies	Help	Log Out
	ayment			Price				
1.	for Afterschool Daze	e Epterson ASD 2024-2025			×	CHECKOUT FOR		
	This item entails future pa	ments, and requees a card on file for	auto-billing.			Howse Ca	-	
		V I AGREE				Attachmen	its	
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	Available Payment Plans:	ASD 2024-2025 Payment J a (T	otal: \$1,710.00) -			🕏 Waivers		
		Pay Now (\$1,710.00) ASD 2024-2025 Payment Play (Total:	A 740.00)			Payment		
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			iotal Charges	\$140.00		🕼 Receipt		
	Save Card 🔽	nue to Dournant	-					Waivers
	Contin	nue to Payment				Follow us on S	Social Media	r
		re not redirected to a receipt page aft e, please return to the catalog and tr					f Ø	

STEP 9: Fill out the necessary information and click <u>SUBMIT PAYMENT</u> when done.

Card Number *	Exp. Date *	Card Code *
illing Address		
rst Name	Last Name	
Siling Country	Zip	
USA	· · ·	
Street Address	city Burbank	
State CA	Phone Number	
<u></u>		
s	ubmit Payment Cancel	

STEP 10: For any questions, please reach out to the Ovrom Community Center, overseeing ASD at (818) 238-5435.