

JANUARY - APRIL 2018

# Craze

Edmonds & Mountlake Terrace

RECREATION PROGRAM GUIDE



# KIDZ LOVE SOCCER



Day/Dates	Class	Ages	Times	Location
<b>Thursdays</b> <b>4/12-5/31</b>	Mommy/Daddy & Me	2-3 <sup>1/2</sup>	9:30-10:00am	<b>Ballinger</b>
	Tot/Pre Soccer	3 <sup>1/2</sup> -5	10:10-10:45am	
	Tot/Pre Soccer	3 <sup>1/2</sup> -5	4:10-4:45pm	<b>Playfield</b>
	Soccer 1: Techniques	5-6	4:45-5:30pm	
	Soccer 2: Skillz	7-10	5:30-6:15pm	
	Mommy/Daddy & Me	2-3 <sup>1/2</sup>	6:25-6:55pm	
<b>Sundays</b> <b>3/25-5/20*</b>	Soccer 2: Skillz	7-10	3:15-4:00pm	<b>Ballinger</b>
	Soccer 1: Techniques	5-6	4:00-4:45pm	
	Tot/Pre Soccer	3 <sup>1/2</sup> -5	4:45-5:20pm	<b>Playfield</b>
	Mommy/Daddy & Me	2-3 <sup>1/2</sup>	5:30-6:00pm	

**8 Weeks**

**\*No Class 4/1**

**Fee: Res. \$93 / Non-Res. \$102**

**For registration information, call the Mountlake Terrace Recreation and Parks Department at: (425) 776-9173 or log onto [www.mltrec.com](http://www.mltrec.com)**

## For Ages 2 – 10 Years

Shin Guards are Required for all classes except Mommy/Daddy & Me

**Class Status Hotline:  
1-888-372-5803**

"The Edmonds School District does not sponsor or endorse the activity and/or the information contained in this material."



**Jersey included**  
Limitations apply.  
See our website FAQ for details



**[www.kidzlovesoccer.com](http://www.kidzlovesoccer.com)**

Presented by North American Youth Activities, CA non-profit: 3241599

# MLT Dance Academy

A variety of options for your  
Kindergarten, First & Second Graders



## Little Irish Step (Ages 5-7)

Boys & girls will be taught the correct carriage, steps and timing while feeling this styles inherent joy and dynamic physicality.

**T 4:30-5:15pm**

## Creative Pre-Ballet (Ages 5-7)

Ballet terminology is incorporated into creative explorations. Musicality and classroom etiquette are emphasized in a friendly encouraging environment.

**W 4:30-5:30pm Sat 10:00-11:00am**

## Funky Kids (Ages 5-7)

Jazz techniques and age appropriate Hip Hop moves are combined into fun routines, funky isolations and progressions across the floor. Kids work hard and play hard in this class.

**Th 4:30-5:30pm**

## Tap 1 (Ages 6-9)

Boys & girls will focus on fundamental tap vocabulary, build coordination, musicality and have a great opportunity for self-expression.

**T 4:30-5:30pm**



For more information go to [www.mltrec.com](http://www.mltrec.com)

Dance and Fitness Programmer - Chloe Davenport

(425) 640-3107 [cdavenport@ci.mlt.wa.us](mailto:cdavenport@ci.mlt.wa.us)

## Student Health Information

The following information will allow us to better tailor instruction and safety procedures to meet the needs of your child. We appreciate any information which you can provide. All information provided will be treated with strict confidentiality.

1. My child is challenged in the following areas:

Visual impairment  Hearing impaired  Speech impairment  
 CP  MD  cystic fibrosis  spina bifida  
 DD  PDD  Asperger's  arthritis  
 Down's Syndrome  SBD  ASD  
Other \_\_\_\_\_

2. My child has the following:

G- tube  Cochlear implant  shunts  pumps  Ear Tubes

3. Staff needs to be aware that my child suffers from:

Seizures  behavioral outbursts  limited mobility





## Adapted Aquatics

### Student Profile

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_

Favorites:

Toy/Shapes: \_\_\_\_\_

Colors: \_\_\_\_\_

Songs: \_\_\_\_\_

Please briefly describe your child's physical abilities:

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Calming words or activities that your child is familiar with:

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Has your child had any past experiences with water? Positive or negative outcome?

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How does your child respond to human touch?

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What sort of learning tools does your child associate best with?

(Demonstration/Modeling, Experimentation, Verbal Explanation, Kinesthetic, Visual cues, signing)

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What are your goals for your child?

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Any additional information that we should know?

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**Mountlake Terrace Recreation and Parks Department**  
**Preschool and Youth Programs**  
5303 228<sup>th</sup> St. SW Mountlake Terrace WA 98043  
425.776.9173

Date received _____	Initials _____
Site/Program _____	
Start Date _____	
Withdrawal Date _____	
Reason _____	

**ENROLLMENT INFORMATION**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Nickname

BILLING Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address \_\_\_\_\_

Lives with  Mother  Father  Other \_\_\_\_\_ Child's gender  Male  Female

School \_\_\_\_\_ Grade \_\_\_\_\_ Circle Program Attending: Kids Krew Preschool Other \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION** – All parents/guardians listed are permitted to visit during center hours and are allowed to pick up child unless access is prohibited or restricted by a court order. Attach court order, if any.

Parent # 1 name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Workplace – Name and Phone number \_\_\_\_\_

Parent #2 name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Workplace – Name and Phone number \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Guardian's Workplace – Name and Phone number \_\_\_\_\_

**EMERGENCY CONTACT** (other than parent/guardian or doctor). This person will be called if parents/guardians cannot be reached.

Is this person authorized to pick up the child:  YES  NO Relationship to Child: \_\_\_\_\_

NAME: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Workplace – Name and Phone number \_\_\_\_\_

**PERSONS OTHER THAN PARENT/GUARDIAN** authorized to pick up child. *Must list at least one person. Authorized individuals must be 18 years of age or older and have valid photo identification.*

Name	Address	Phone	Relationship to child
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**AUTHORIZATIONS**

It is important to me (us) that this child be allowed to participate in this activity. In addition, I (we) understand video tapes and photographs may be taken and used appropriately for publication & marketing purposes. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of the City's facilities I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City Facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Mountlake Terrace, its officials, employees and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity program stated above.

Parent(s)/Guardian Printed Name(s) \_\_\_\_\_ Date (expires one year from this date) \_\_\_\_\_

Parent(s) Guardian Signature(s) \_\_\_\_\_

City of Mountlake Terrace-Youth Programs  
**Developmental and Health Information**

Child's name \_\_\_\_\_ Today's date \_\_\_\_\_

**DEVELOPMENTAL INFORMATION**

Where has your child previously attended a preschool, recreation program or childcare? \_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

How would you describe your child? \_\_\_\_\_

Does your child have any particular fears (animals, water, loud noises)? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Have there been any changes within the last year (divorce, separation, death, move)? \_\_\_\_\_

What do you feel is the best way of disciplining your child? \_\_\_\_\_

Are there any dietary restrictions, family values or celebrations that need to be taken into consideration? \_\_\_\_\_

**HEALTH INFORMATION** *An Individual Health Plan may be required from a Health Care Provider prior to attendance.*

What concerns, if any, do you have about your child's vision, hearing, speech, behavior or overall general health? \_\_\_\_\_

Does your child have a life-threatening health condition (diabetes, severe allergy, asthma, seizures, other)? If yes, please describe: \_\_\_\_\_

Does your child take any medications on a regular basis? If yes, please list medication and what it is for. \_\_\_\_\_

Does your child have allergies, reactions or intolerances to food, medicine, insects or other substances? If yes, please describe:

Item	Reaction	Potentially severe	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Does your child require epinephrine (EpiPen) be kept with them during our program time?  YES  NO

Child's Health Care Provider's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date of child's last exam \_\_\_\_\_

Preferred Hospital for Emergency Care \_\_\_\_\_

Child's Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date of child's last exam \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION** *[please fill in child's full name in the blanks]*

I hereby certify that my child \_\_\_\_\_ is in normal health and capable of safe participation in the program in which he/she is enrolling. I further give my permission for my child \_\_\_\_\_ to be given emergency treatment by a qualified City of Mountlake Terrace staff member. When I cannot be reached, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to the nearest medical facility. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_