

Children & Teen Department

Kindergarten - Eighth Grade & High School/Transition

Registration Form

Return to Pomeroy Recreation & Rehabilitation Center Attn: Children & Teen Department
207 Skyline Blvd. San Francisco, CA 94132 Phone: (415) 665-4100, Fax: (415) 665-7543 Email: cysoffice@prrcsf.org

CHILD'S INFORMATION:

Name: _____ Gender: _____ Age: _____ Birthdate: _____

GGRC Social Worker: _____ School: _____ Grade: _____

FAMILY INFORMATION:

Parent/Guardian: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian 2: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Primary language spoken at home: _____ Would you need a translator? Yes No

MEDICAL INFORMATION:

Disability: _____ Other Chronic or Re-occurring Illnesses? _____

Does the applicant have: Seizures? Yes No Respiratory Condition? Yes No Cardiac Condition? Yes No

Severe allergies? Yes, to: _____ No Adaptive devices used: Wheelchair Walker Other

Ratio: 1:1 1:5 Unsure Why need a 1:1? _____

Families are responsible for finding & funding 1:1 aides. Ask your school for possible 1:1 aide options. GGRC funding is possible.

2023 - 2024 Programs: Please select which programs and times you are interested in your child attending

After School Program (Aug. 16, 2023 - July 2024) 2pm - 6:00pm Saturday Program (Year round) 10am - 4pm

FUNDING: GGRC Out-of-Home Respite Funding (Day Camp/Saturday only) State CHAN Scholarship Request
 Private Pay (\$75/day Saturday, \$50/day after-school)

CHILD'S ELIGIBILITY: Does your child have an IEP? Yes No **Include a copy of your child's most recent IEP**

In order to be eligible for services through our programs your child must have a physical, mental or emotional disability of such severity that the child cannot be adequately or appropriately served in a regular child care and development program as determined by the Individualized Education Plan (IEP).

ENROLLMENT:

Please complete this form in full and submit along with a copy of your child's most recent IEP to cysoffice@prrcsf.org or fax number 415.665.7543 attn: Children/Teens Dept. Once received & a space becomes available an intake assessment will be scheduled. All paperwork will need to be approved & submitted to complete your enrollment process. A \$25 dollar deposit is also required to enroll. However, considerations can be made for families with financial hardships. Families are responsible for all fees GGRC and/or other organizations does not cover.

Signature of legal guardian: _____ Date: _____

REGISTRATION FORM