

City of Moorpark, Recreation Division

**Moorpark Little Learners Academy**

**ANNUAL ENROLLMENT FORM 2026-2027**

Up to 3 children from the SAME HOUSEHOLD may register on this form.

FORM MUST BE FULLY COMPLETED.



**SECTION 1: STUDENT INFORMATION**

STUDENT Last & First Name:	
STUDENT Last & First Name:	
STUDENT Last & First Name:	

Student(s) Address	City	Zip
Primary Email Address	Primary Phone	Secondary Phone
	( )	( )

Physician Name	Physician's Phone	Health Care Provider	Policy Number

**SECTION 2: PARENT / GUARDIAN INFORMATION**

Parent/Guardian #1 Name	Date of Birth	Relationship to Child(ren)
Email Address	Cell Phone Number	Home/Work Phone Number
	( )	( )
Resides with Child	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> No	Address (if different than above):

Parent/Guardian #2 Name	Date of Birth	Relationship to Child(ren)
Email Address	Cell Phone Number	Home/Work Phone Number
	( )	( )
Resides with Child	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> No	Address (if different than above):

**SECTION 3: EMERGENCY CONTACT / PICK UP INFORMATION**

**EMERGENCY CONTACTS AND RELEASE PERSONS:**

In addition to parent/guardian(s) listed above, identify those who have your permission to pick up your child(ren) or should be contacted if you are unreachable during an emergency. *It is mandatory to list at least (1) person that is not a parent.*

Full Name	Relationship to Child	Cell Phone Number	Home/Work Number
		( )	( )
		( )	( )
		( )	( )

# MLLA ANNUAL ENROLLMENT FORM 2026-2027

## SECTION 4: STUDENT INFORMATION

<b>STUDENT #1 NAME</b>		<b>Date of Birth</b>	<b>Gender</b>	<b>Shirt Size</b>
<b>Nickname (if any)</b>		<b>Previous School(s) (if any)</b>		
<b>Taking Medication?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Physical Restrictions?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Accommodation Needed?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, complete and attach Accommodation Form</b>		
<b>Allergies?</b>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Seasonal <input type="radio"/> Bee Sting <input type="radio"/> Food (list) _____ <input type="radio"/> Medication (list) _____ <input type="radio"/> Other _____		
<b>If Yes, Mark All Allergies:</b>				
<b>Class Enrolling In</b>	<input type="radio"/> Caterpillars M/W <input type="radio"/> Caterpillars T/Th <input type="radio"/> Butterflies M/W <input type="radio"/> Butterflies T/Th <input type="radio"/> Bumblebees (M-Th)			

<b>STUDENT #2 NAME</b>		<b>Date of Birth</b>	<b>Gender</b>	<b>Shirt Size</b>
<b>Nickname (if any)</b>		<b>Previous School(s) (if any)</b>		
<b>Taking Medication?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Physical Restrictions?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Accommodation Needed?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, complete and attach Accommodation Form</b>		
<b>Allergies?</b>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Seasonal <input type="radio"/> Bee Sting <input type="radio"/> Food (list) _____ <input type="radio"/> Medication (list) _____ <input type="radio"/> Other _____		
<b>If Yes, Mark All Allergies:</b>				
<b>Class Enrolling In</b>	<input type="radio"/> Caterpillars M/W <input type="radio"/> Caterpillars T/Th <input type="radio"/> Butterflies M/W <input type="radio"/> Butterflies T/Th <input type="radio"/> Bumblebees (M-Th)			

<b>STUDENT #3 NAME</b>		<b>Date of Birth</b>	<b>Gender</b>	<b>Shirt Size</b>
<b>Nickname (if any)</b>		<b>Previous School(s) (if any)</b>		
<b>Taking Medication?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Physical Restrictions?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, describe:</b>		
<b>Accommodation Needed?</b>	<input type="radio"/> No <input type="radio"/> Yes	<b>If Yes, complete and attach Accommodation Form</b>		
<b>Allergies?</b>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Seasonal <input type="radio"/> Bee Sting <input type="radio"/> Food (list) _____ <input type="radio"/> Medication (list) _____ <input type="radio"/> Other _____		
<b>If Yes, Mark All Allergies:</b>				
<b>Class Enrolling In</b>	<input type="radio"/> Caterpillars M/W <input type="radio"/> Caterpillars T/Th <input type="radio"/> Butterflies M/W <input type="radio"/> Butterflies T/Th <input type="radio"/> Bumblebees (M-Th)			

# MLLA ANNUAL ENROLLMENT FORM 2026-2027

## SECTION 5: ENROLLMENT AGREEMENT AND RELEASE FORM

**Signature on release form required to complete enrollment. Form may not be altered.**

**MOORPARK LITTLE LEARNERS ACADEMY POLICIES:** I have read, understand, and agree to abide by all policies described in the 2026-2027 Moorpark Little Learners Academy Parent Handbook.

**PHOTOGRAPHY RELEASE:** I hereby grant the City of Moorpark, at its discretion and free of charge, permission to use videos, still photography, likenesses, images, media, and/or voice recordings of my child(ren) or myself participating in City-sponsored recreation programs for the purpose of publicizing or promoting said programs. The name(s) of my child(ren) or myself will not be used in conjunction herewith without my written permission.

**INFORMED CONSENT AND RELEASE:** I, the undersigned, hereby fully understand that my and/or my child(ren)'s participation in this activity, (hereinafter "program") exposes me/my child(ren) to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I/my child(ren) am voluntarily participating in this program and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Moorpark for any injury, death or damage to or loss of personal property arising out of, or in connection with, my/my child(ren)'s participation in the program from whatever cause, including the active or passive negligence of or by any other participants in the program. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the program, I hereby agree, for myself, my child(ren), my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Moorpark from any and all claims, demands actions or suits arising out of or in connection with my/my child(ren)'s participation in the program. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL. I agree and acknowledge that some activities may include physical and/or strenuous exercise or activity, and understanding this, I state that to the best of my knowledge the participant has no medical, physical, mental, or emotional health condition which would hinder or prevent active participation in the activity. Please note: The City of Moorpark does not provide any insurance coverage of any kind for participants. The City of Moorpark strongly recommends that appropriate insurance be obtained by each participant.

**PERMISSION FOR MEDICAL TREATMENT & TRANSPORT:** I grant the City of Moorpark and agents thereof, permission to administer basic first aid, apply sunscreen, and in the event that myself or my child(ren) require advanced first aid or medical treatment, to call 911. I further grant permission for emergency medical services to transport myself or my child(ren) to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat myself or my child(ren) if such treatment is reasonably required.

PARENT SIGNATURE	PRINT NAME	DATE

### STAFF USE ONLY

Date Received	Reviewed By:	Information Verified
		<input type="radio"/> All Areas of Form Complete <input type="radio"/> Form Signed <input type="radio"/> Shirt Received <input type="radio"/> Immunization Records Attached <input type="radio"/> Annual Enrollment Fee Paid <input type="radio"/> Accommodation Form Attached <input type="radio"/> No <input type="radio"/> Yes