* RETURN TO HILLCREST *

Saint Paul Division of Parks and Recreation
Hillcrest Community Recreation Center
Recreation for Pre-Schoolers Program

Coordinators: Keeley Hanson & Barb Biagi
Keeley.hanson@ci.stpaul.mn.us and barb.biagi@ci.stpaul.mn.us

Registration Check Off

Child's name_____

_____ $35.00 Non-Refundable Registration Fee

_____ Registration Form

_____ Fee Contract Form

_____ Emergency Information Form

_____ Medication Permission Form

_____ Immunization Record Form **faxed from Physician Office**
Fax number 651-695-4019

_____ Release Form

_____ Parent Handbook

Saint Paul Parks and Recreation
Hillcrests - Recreation for Pre-Schoolers Program

REGISTRATION FORM

Child's Name_____Nickname_____

Address _____City_____ State_____ Zip_____

Age _____Birth Date _____*_____*_____ Female _____ Male____

Child resides with: _____ both parents _____mother _____father

_____ Stepfather _____ stepmother _____ guardian

Mother - Guardian's Name_____

Stepfather's Name _____

Address _____City _____Zip_____

Home phone ( ) _____Cell ( ) _____

E-mail_____

Business phone ( ) _____Business Name_____

Business Address _____City _____Zip _____

Father - Guardian's Name _____

Stepmother's Name_____

Address _____City _____ Zip_____

Home phone ( ) _____ Cell ( ) _____

E-mail_____

Business phone ( ) _____Business Name _____

Business Address _____City _____Zip _____

Persons authorized to pick your child up from Hillcrest. Photo identification may be requested by staff, prior to releasing your child.

Name Address Phone

_____( ) _____

_____( ) _____

_____( ) _____

_____( )_____

List any condition present that might result in an emergency and correct plan of action:

List any special needs of your child (allergies, special diet, etc.):

Language, other than English, your child speaks or understands:

Special interests or favorite activities of your child:

Particular behavior difficulties or potential problems we should be aware of:

Any additional information that would be helpful:

List the names and ages of brothers, sisters, stepbrothers and stepsisters:

In relation to your child, what are your expectations of Recreation for Pre-Schoolers:

Signature_____

Date _____

Saint Paul Parks and Recreation
Hillcrests - Recreation for Pre-Schoolers Program
Fee Contract

Child's Name _____

Recreation for Pre-Schoolers is a non-profit program, which operates on the fees paid by the parent(s) of enrolled children. Therefore, it is essential that your tuition payment be paid by the first week of the month. Any payments paid after the first week will be charged a $10.00 late fee.

Month	Total Payment Friendly Fireflies-$100.00 a month Busy Bees - $110.00 a month Muddy Ducks - $120.00 a month
September 2012	
October 2012	
November 2012	
December 2012	
January 2013	
February 2013	
March 2013	
April 2013	
May 2013	

AGREEMENT: I have read the Recreation for Pre-Schoolers fee payment policies, and I agree to pay the monthly tuition in advance. I also understand that the tuition is due, in full, for all of the above months regardless of vacations or illnesses.

Signature_____

Date _____

Saint Paul Parks and Recreation

Hillcrests - Recreation for Pre-Schoolers

Emergency Information Form

Child's Name _____

Address _____City _____Zip_____

Home phone ( ) _____Birth Date _____*_____*_____

Mothers Name_____

Business phone ( ) _____

Father's Name _____

Business phone ( ) _____

Parent - Guardian to contact in case of an emergency: _____

If my child becomes ill, and I cannot be reached, please call:

1. Name _____Phone ( ) _____

Address _____ Relationship _____

2. Name _____Phone ( ) _____

Address_____ ____Relationship _____

3. Name _____Phone ( ) _____

Address_____ ____Relationship _____

Name of Doctor and Clinic_____

Address _____Phone ( ) _____

Medical Insurance Company and Policy Number for your child:

_____

Preferred Hospital - Emergency

Room_____

Signature_____

Date_____

Saint Paul Parks and Recreation

Hillcrests - Recreation for Pre-Schoolers Program

St. Paul Division of Parks and Recreation Medication Authorization for Administration
(Short-term Programs)

The following authorization form must be completed by Parent/Guardian for all short-term programs offered by the St. Paul Division of Parks and Recreation in which medication may need to be administered during the time of activity. This includes field trips, day camp programs, overnight trips, etc.

Name of Participant_____ Birth date_____

Program enrolled in_____ Dates of Program_____

Name of Physician/Licensed Prescriber _____

Clinic Address_____Clinic Phone_____

Medical Condition	Medication	Strength	Dose	Time	Route*	Possible Side Effects

Medications include all prescription as well as non-prescription/over-the-counter medications

Other Considerations/Directions _____

Start Date _____ Stop Date _____*Route = Oral, topical, or inhaled

Parent/Guardian Authorization

1. I request that the above medications(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
2. I release St. Paul Parks and Recreation personnel from liability in the event adverse reactions result from the above-named participant taking their medication(s).
3. I give permission for the Program Coordinator to consult with the above named physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
4. I give permission for the medication(s) to be given by the staff designated by St. Paul Parks and Recreation for medication and health related concerns during the length of this program.
5. I will notify St. Paul Park and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

Parent/Guardian Signature _____Relationship to Participant_____

Note: Medication is to be supplied in the original/prescription bottle. Non-prescription/Over-the-Counter Medication must be sent in the original container which has an identifiable label.

AA-ADA-EEO Emp

Saint Paul Parks and Recreation
Hillcrests - Recreation for Pre-Schoolers Program
Release Form

Child's Name _____

Program

I agree to abide by the terms and conditions of the Saint Paul Parks and Recreation, Recreation for Pre-Schoolers Program, policies of which I have received a copy, governing the enrollment of my child.

Signature _____Date _____

Field Trips

I agree to permit my child to participate in the field trips sponsored by the Recreation for Pre-Schoolers Program. Trips will be posted.

Signature _____ Date _____

Medical Emergencies

In the case of a life-threatening emergency involving my child, I authorize the Recreation for Pre-Schoolers Program to use the Saint Paul Paramedics to transport my child to the nearest hospital Emergency Room, for emergency medical treatment. The child will be transported at the expense of the parent. (If you prefer a specific hospital, please indicate which one. We will use it if possible.)

Hospital _____Signature _____Date _____

Accidental Poisoning

In the event of accidental poison ingestion, I understand that the Recreation for Pre-Schoolers staff will contact the Poison Control Center. I hereby give my permission for the staff to administer Syrup of Ipecac to my child, if directed to do so by a physician, or the authorities of the Poison Control Center.

Signature _____ Date _____

Anecdotes and Pictures

I grant my permission to the Recreation for Pre-Schoolers Program to use my child's name, pictures and anecdotes for the purpose of educating the public to the services available.

Signature _____ Date _____