DEPARTMENT OF PARKS AND RECREATION
RECREATION SERVICES

CITY OF SAINT PAUL
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* RETURN TO BATTLE CREEK*

Battle Creek Community Recreation Center
2009 – 2010 Before and After School Program
Registration Packet

Child's Name_____

_____ $30.00 Non-Refundable Registration Fee (Fee covers administrative costs, new gym equipment, art supplies, etc.)

_____ Registration Form

_____ Fee Contract Form, duplicate to be sent home

_____ First 2 Weeks Tuition

_____ Emergency Information Form

_____ Medication Permission Form (if needed)

_____ Release Form

_____ Parent Received Parent Handbook

REGISTRATION FORM
(PLEASE PRINT CLEARLY)

Child's Name _____ Nickname_____

Address _____ City _____Zip _____

Age ___ Birth Date ____*_____*_____ Sex: Female Male

Child resides with:_____ both parents _____ mother _____ father

_____ guardian _____ stepmother _____ stepfather

Mother/Guardian's Name_____

Stepfather's Name _____

Address _____City _____ Zip _____

Home phone ( )_____ Cell phone ( )_____

Business Name_____ Business Phone ( )_____

Business Address _____ City _____Zip_____

Father/ Guardian's Name_____

Stepmother's Name_____

Address _____ City _____ Zip _____

Home phone ( ) _____ Cell phone ( )_____ _____

Business Name _____Business Phone( )_____

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

<u>MUST BE 18 years old or older</u>

Name	Address	Phone
		( )_____
		( )_____
		( )_____

HELPFUL ADDITIONAL INFORMATION

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

_____

_____

List any special needs of your child (allergies, special diet, medications your child takes, 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 the Battle Creek S'more Fun Program:

_____

_____

_____

Signature _____ Date _____

S'MORE FUN

EMERGENCY INFORMATION FORM

Child's Name _____

Address _____ City _____ Zip _____

Home phone ( )_____ Birth Date _____*_____*_____

Mother's Name _____

Cell Phone ( ) _____ Business phone ( )_____

Father's Name _____

Cell Phone ( ) _____ Business Phone ( )_____

Email _____

Parent - Guardian to contact in case of an emergency:

_____

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

1. Name _____ Phone ( )_____

City _____ Relationship _____

2. Name _____Phone ( ) _____

City_____Relationship _____

3. Name_____Phone ( )_____

City_____Relationship _____

Name of Doctor and Clinic _____

Address _____ Phone ( )_____

Medical Insurance Company, and Policy Number for your child:

_____

Preferred Hospital - Emergency Room_____

Signature_____ **Date**_____

BATTLE CREEK S'MORE FUN PROGRAM
RELEASE FORM

Child's Name _____

Program
I agree to abide by the terms and conditions of the Saint Paul Parks and Recreation, Battle Creek S'MORE FUN Program, policies of which I have received a copy, governing the enrollment of my child.
Signature _____ Date _____

Medical Emergencies
In the case of a life-threatening emergency involving my child, I authorize the Battle Creek S'MORE FUN Program Staff 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_____

Sun Screen
My child has permission to apply sun screen, and the staff has permission to help my child do so if needed.
Signature_____ Date_____

Anecdotes and Pictures
I grant permission to Battle Creek Recreation Center to use my child's name, pictures and anecdotes for the purpose of educating the public to the services available.
Signature _____ Date_____

2009 – 2010 Before and After School Fee Payment Contract

Child's Name _____ Child's School and Grade _____
*Please circle the hours you would like to register your child for the program. This will confirm that these are the hours that they are attending. Payments are due in advanced every two weeks.

Before School

Monday	6:30	7:00	7:30	8:00	8:30	9:00	Total hours/day _____
Tuesday	6:30	7:00	7:30	8:00	8:30	9:00	Total hours/day _____
Wednesday	6:30	7:00	7:30	8:00	8:30	9:00	Total hours/day _____
Thursday	6:30	7:00	7:30	8:00	8:30	9:00	Total hours/day _____
Friday	6:30	7:00	7:30	8:00	8:30	9:00	Total hours/day _____

Total Before school hours/week _____

After School

Monday	3:00	3:30	4:00	4:30	5:00	5:30	6:00	Total hours/day ____
Tuesday	3:00	3:30	4:00	4:30	5:00	5:30	6:00	Total hours/day ____
Wednesday	3:00	3:30	4:00	4:30	5:00	5:30	6:00	Total hours/day ____
Thursday	3:00	3:30	4:00	4:30	5:00	5:30	6:00	Total hours/day ____
Friday	3:00	3:30	4:00	4:30	5:00	5:30	6:00	Total hours/day ____

Total After School hours/week_____

Total Before and After School hours/week _____ X $5.00/hour = _____/ week

Times 2 = _____ total amount due every two weeks

I know and understand Battle Creek S'more Fun's fee payment policies. By signing below, I agree to make all payments on time, and I understand that if my child is not picked up by the time agreed to there will be additional fees.

Signature _____ Date _____