

RETURN TO LINWOOD

SAINT PAUL PARKS AND RECREATION 2015 LINWOOD S'MORE FUN PROGRAM REGISTRATION FORMS

PLEASE REVIEW AND CHECK OFF BELOW

Child's Name _____

_____ \$35.00/per child non-refundable registration fee
* To be checked off by staff *

_____ First week's tuition, \$175.00 a week and/or \$35.00 a day
* To be checked off by staff*

_____ Registration Form

_____ Emergency Information Form

_____ Emergency field trip Information Card

_____ Release Form

_____ Fee Contract signed and dated (duplicate sent home)

_____ Medication Permission Forms (if needed)

_____ Credit card payment authorization form (optional)

_____ Parent Handbook (kept by parent(s) for reference)

**SAINT PAUL PARKS AND RECREATION
2015 LINWOOD S'MORE FUN PROGRAM
REGISTRATION FORM
(PLEASE PRINT CLEARLY)**

A \$35.00 non-refundable registration fee per child must accompany this application along with first week's tuition.

CHILD'S NAME _____ NICKNAME _____

SCHOOL _____

HOME ADDRESS _____ ZIP _____

AGE _____ BIRTH DATE _____ SEX: MALE _____ FEMALE _____

CHILD RESIDES WITH: ☐ Both Parents ☐ Mother ☐ Father
☐ Stepfather ☐ Stepmother ☐ Guardian

MOTHER/GUARDIAN'S NAME _____

STEPFATHER'S/GUARDIAN'S NAME _____

ADDRESS _____ ZIP _____

E-MAIL ADDRESS _____

HOME PHONE () _____ CELL PHONE () _____

BUSINESS NAME _____ BUSINESS PHONE () _____

FATHER/GUARDIAN'S NAME _____

STEPMOTHER'S/GUARDIAN'S NAME _____

ADDRESS _____ ZIP _____

E-MAIL ADDRESS _____

HOME PHONE () _____ CELL PHONE () _____

BUSINESS NAME _____ BUSINESS PHONE () _____

BUSINESS ADDRESS _____

**PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM S'MORE FUN.
PHOTO I.D. IS REQUIRED BY THE STAFF PRIOR TO RELEASING YOUR CHILD**

NAME

ADDRESS

PHONE

| | |
|-------|--------------|
| _____ | () _____ |
| _____ | () _____ |
| _____ | () _____ |

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

List any special needs of your child (i.e. disabilities, allergies, etc):

(You may be contacted by the Departments Adaptive Recreation Staff to learn more about your child and to determine the support, if any, that your child may need. We ask for at least two weeks notice for accommodation requests. In some cases, accommodations may take longer than two weeks.)

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

Special interests and favorite activities of your child:

Particular behavior difficulties or potential problems or disabilities staff should be aware of:

Additional information that will help staff to get acquainted with your child:

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

In relation to your child, what are your expectations of S'more Fun?

Signature: _____ Date: _____

**SAINT PAUL PARKS AND RECREATION
2015 LINWOOD S'MORE FUN PROGRAM
EMERGENCY INFORMATION FORM**

Child's Name _____

Address _____ Zip _____

Home Phone () _____ Birth Date _____

Mother's Name _____

Business Phone () _____ Ext. _____ Cell Phone () _____

Father's Name _____

Business Phone () _____ Ext. _____ Cell 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/Clinic: _____

Address _____ Phone () _____

Medical Insurance Company and Policy Number:

Signature: _____ Date: _____

**SAINT PAUL PARKS AND RECREATION
2015 LINWOOD S'MORE FUN PROGRAM
FIELD TRIP EMERGENCY INFORMATION CARD**

Child's Name _____

Address _____ Zip _____

Home Phone () _____ Birth Date _____

Mother's Name _____ Cell Phone () _____

Business Name _____ Business Phone () _____ Ext. _____

Father's Name _____ Cell Phone () _____

Business Name _____ Business Phone () _____ Ext. _____

Other than Parent/Guardian to contact in case of an emergency:

Name _____ Home Phone () _____

Cell Phone () _____ Business Phone _____ Ext _____

Name _____ Home Phone () _____

Cell Phone () _____ Business Phone _____ Ext _____

Signature: _____ Date: _____

**SAINT PAUL PARKS AND RECREATION
2015 LINWOOD S'MORE FUN PROGRAM**

RELEASES

CHILD'S NAME _____

PROGRAM

I agree to abide by the terms and conditions of the City of Saint Paul Department of Parks and Recreation S'more Fun 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 S'more Fun Program. Trips will be posted.

Signature _____ Date _____

MEDICAL EMERGENCIES

In the case of a life-threatening emergency involving my child, I authorize the S'more Fun program to use the Paramedics to transport my child to the hospital emergency room. The child will be transported at the expense of the parent.

Signature _____ Date _____

ACCIDENTAL POISONING

In the event of accidental poison ingestion, I understand that a S'more Fun staff will contact the Poison Control Center.

Signature _____ Date _____

SUN SCREEN

My child has permission to apply sun screen. Staff has permission to apply sun screen to my child.

Signature _____ Date _____

ANECDOTES AND PICTURES

I grant permission to the S'more Fun Program to use my child's name, pictures and anecdotes for the purpose of educating the public to the services available.

Signature _____ Date _____

PARENTS FEE CONTRACT

Child's Name _____ Registration Fee: (paid) _____ (receipt#) _____

Please circle all of the days your child will be attending. Staff will fill in all other information

DATES/TIMES: Linwood's S'more Fun program will begin Wednesday, June 10th and will end on Friday, August 28th.

| Week | Dates | Days | Due Date | Cost | Paid | Cash Credit Card | Receipt # |
|------|------------------|-------------|----------|------|------|---------------------|-----------|
| 1 | June 10 - 12 | W T H F | | | | | |
| 2 | June 15 - 19 | M T W T H F | | | | | |
| 3 | June 22 - 26 | M T W T H F | | | | | |
| 4 | June 29 - July 2 | M T W T H | | | | | |
| 5 | July 6 - 10 | M T W T H F | | | | | |
| 6 | July 13 - 17 | M T W T H F | | | | | |
| 7 | July 20 - 24 | M T W T H F | | | | | |
| 8 | July 27 - 31 | M T W T H F | | | | | |
| 9 | August 3 - 7 | M T W T H F | | | | | |
| 10 | August 10 - 14 | M T W T H F | | | | | |
| 11 | August 17 - 21 | M T W T H F | | | | | |
| 12 | August 24-28 | M T W T H F | | | | | |

S'more Fun opens at 7:00 A.M. and closes at 6:00 P.M. daily. S'more Fun will be closed on Friday July 3rd, 2015.

ENROLLMENT: You may sign up for any days in which you need child care. We will register youth until we are full.

FEE PAYMENT POLICIES: The cost is \$175.00 a week and/or \$35.00 a day. Fees include field trips, daily breakfasts and afternoon snacks.

Tuition is due on the first day of the week your child attends. For example, if your child's first day is Wednesday, tuition is due that Wednesday. A \$10.00 charge will be added to your fees if tuition is late.

If your child is absent from the program, our budget demands that we must still collect a fee for that day.



This includes sick and impromptu vacation days.

S'more Fun closes at 6:00 P.M. You and your child must exit the room by 6:00 P.M. otherwise you are considered late. If your child has not been picked up by then, a late fee of \$10.00 will be charged for every five minutes past closing time. For example, if your child is picked up at 6:03 P.M., you will be charged a \$10.00 late fee. A child will not be allowed to return to the program until the fee is paid. ***THIS WILL BE ENFORCED***

ADVANCE NOTICE FOR VACATION AND ATTENDANCE CHANGES: You have until two weeks before the program starts to change your child's schedule. **After May 27th, you are locked into your contract. You will not be able to subtract days. If you signed up for those days, you must pay for them.** If you need to add days, more than likely we can accommodate you but there are no guarantees. This will be contingent upon staffing and field trips. Parents may remove their child(ren) from the program providing a two week advance notice is given.

AGREEMENT: I have read the S'more Fun Registration Packet, and I agree to pay all of my child's tuition.

Signature: _____

Date: _____

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

The following authorization form must be completed by Parent/Guardian AND signed by a physician or licensed prescriber for all long-term programs (ten days or longer) offered by the St. Paul Department of Parks and Recreation in which medication may need to be administered during the time of the activity.

Name of Participant _____

Birthdate _____

Program enrolled in _____

Dates of Program _____

Name of Physician/Licensed Prescriber _____

Clinic Address _____

Clinic Phone _____

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

| Medical Condition | Medication | Strength | Dose | Time | Route* | Possible Side Effects |
|-------------------|------------|----------|------|------|--------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Other Considerations/Directions _____

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

Physician's/Licensed Prescriber's Signature

Parent/Guardian Authorization

1. I request that the above medication(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
2. I release St. Paul Department of 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 Department of Parks and Recreation for medication and health related concerns during the length of this program.
5. I will notify St. Paul Department of Parks and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

Date

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 Employer



St. Paul Department 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 Department 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 _____

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

| Medical Condition | Medication | Strength | Dose | Time | Route* | Possible Side Effects |
|-------------------|------------|----------|------|------|--------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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 Department of 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 Department of Parks and Recreation for medication and health related concerns during the length of this program.
5. I will notify St. Paul Department of Parks and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

Date 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 Employer



DEPARTMENT OF PARKS AND RECREATION
RECREATION SERVICES

CITY OF SAINT PAUL
Mayor Christopher B. Coleman

400 City Hall Annex
25 West Fourth Street
Saint Paul, Minnesota 55102
www.ci.stpaul.mn.us/depts/parks

Telephone: 651-266-6400
Facsimile: 651-292-7405
TTY: 651-266-6378

Credit card payment authorization form

I give my permission to City of Saint Paul Parks and Recreation to use my Visa / MasterCard / Discover / American Express (circle one) to make payments associated with my child's (or children's) participation in the City of Saint Paul's S'more Fun Childcare Program as listed below: _____

Child/Children: _____

The City of Saint Paul has contracted with ActiveNetwork to process Credit Card transactions and securely store credit card information. Please charge my card, as provided and stored in the ActiveNetwork Automated Payment Program, ending in the four digits __ __ __ __, automatically each payment cycle (as scheduled and agreed upon at the time of registration) for S'more Fun Childcare Program costs. I understand that my credit card information will be stored for this purpose. The City of Saint Paul will provide a receipt for all amounts charged.

This Authorization is in effect for the time period listed below:

Session dates: _____

This agreement can only be terminated by written request by the Credit Card holder.

Printed Name on Credit Card: _____ Signature: _____



AA-ADA-EEO Employer

