

DEPARTMENT OF PARKS AND RECREATION  
RECREATION SERVICES



CITY OF SAINT PAUL  
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**\* RETURN TO BATTLE CREEK\***  
**Battle Creek Community Recreation Center**  
**2014 - 2015 Before and After School Program**  
**Registration Packet**

Child's Name \_\_\_\_\_

\_\_\_\_\_ \$35.00 Non-Refundable Activity Fee (new gym equipment, art supplies, etc.)

\_\_\_\_\_ \$30.00 Registration Fee (for new families only)

\_\_\_\_\_ 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.

**\*MUST BE 18 years old or older\***

<u>Name</u>	<u>City</u>	<u>Phone</u>
_____	_____	( ) _____
_____	_____	( ) _____
_____	_____	( ) _____

**HELPFUL ADDITIONAL INFORMATION**

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

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

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

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Special interests or favorite activities of your child:

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

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Any additional information that would be helpful:

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

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In relation to your child, what are your expectations of the Battle Creek S'more Fun Program:

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**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 ( ) \_\_\_\_\_

Email \_\_\_\_\_

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 \_\_\_\_\_

**2014 – 2015 Before and After School Fee Payment Contract**

Child's Name \_\_\_\_\_ Child's Grade \_\_\_\_\_ Teacher \_\_\_\_\_

\*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. There will be an activity fee charged in September and January. 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. I understand there is a **2-weeks notice** for any change to the schedule.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_