DEPARTMENT OF PARKS AND RECREATION
RECREATION SERVICES

CITY OF SAINT PAUL
Mayor Christopher B. Coleman

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50 West Kellogg Blvd.
Saint Paul, Minnesota 55102
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Telephone: 651-266-6400
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Battle Creek Recreation Center – S'More Fun
75 South Winthrop Street
Saint Paul, MN 55119
651-501-6388

* RETURN TO BATTLE CREEK*

Battle Creek Community Recreation Center
SUMMER S'MORE FUN 2014
Registration Check Off

To be checked off by staff

Child's Name_____

_____ $30.00 Non-Refundable Registration Fee

_____ Registration Form

_____ Fee Contract Form, duplicate to be sent home

_____ **First Weeks Tuition**-$150/week for 5 days per week or $32/day for part time (Fees do **NOT** include field trips).
*A staff member will determine the correct amount and contact you with the exact amount owed.

_____ 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( )_____

Business Address_____ City _____ Zip _____

Persons authorized to pick your child up from Battle Creek. Photo identification will 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:

_____

_____

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

_____

_____

_____

S'MORE FUN

EMERGENCY INFORMATION FORM

Child's Name _____

Address _____ City _____ Zip _____

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

Mother's Name _____

Cell Phone ( ) _____ Business phone ( )_____

Email Address: _____

Father's Name _____

Cell Phone ( ) _____ Business Phone ( )_____

Email Address: _____

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

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

(for their address please just state the city in which they live in)

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**_____

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 _____

Field Trips
I agree to permit my child to participate in the field trips sponsored by the Battle Creek S'MORE FUN Program. Trips planned will be posted.
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_____

Shirts
S'more fun provides 1 shirt for each child to wear on field trip days. Please keep track of this shirt, as we will use it for the entire summer. Your child may keep the shirt at the end of the summer.

Shirt Size: Child's ____ Small _____Medium _____Large _____XL
Adult_____ Small _____Medium _____Large _____XL

Battle Creek S'MORE FUN Program
SUMMER 2014 FEE CONTRACT

COST-$150/WEEK OR $32/DAY for part time (field trip fees are not included)

Name of child _____ Registration Fee (check #) _____ Receipt #_____

***Please <u>only</u> circle the days your child will be attending. Please do not fill in the cost of tuition. S'more Fun staff will fill out the rest of the form and send you a copy.** S'more Fun will be closed on Friday, July 4th, 2014

Week	Dates	Days	Due Date	Cost of tuition	Cost of field trip (plus swimming costs)	Total cost for the week	Check # Cash or CC	Receipt
1	June 12 -13	TH F	June 12					
2	June 16-20	M T W TH F	June 16					
3	June 23-27	M T W TH F	June 23					
4	June 30-July 4	M T W TH	June 30					
5	July 7 - 11	M T W TH F	July 7					
6	July 14 - 18	M T W TH F	July 14					
7	July 21 - 25	M T W TH F	July 21					
8	July28 – Aug. 1	M T W TH F	July 28					
9	August 4 -8	M T W TH F	August 4					
10	August 11 -15	M T W TH F	August 11					
11	August 18 - 22	M T W TH F	August 18					

Signature_____ Date _____