* RETURN TO HILLCREST *

Saint Paul Department of Parks and Recreation
Hillcrest Community Recreation Center
Recreation for Preschoolers Program

Coordinators: Keeley Hanson & Barb Biagi

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

_____ Release Form

_____ Parent Handbook

**Saint Paul Department of Parks and Recreation**
**Hillcrest - Recreation for Preschoolers 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 Preschoolers:

---

Signature_____

Date _____

**Saint Paul Department of Parks and Recreation**
**Hillcrest - Recreation for Preschoolers Program**
**Fee Contract**

Child's Name _____

Recreation for Preschoolers 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 7th of each month except for September (tuition is due on the 20th). Any payments paid after the 7th will be charged a $10.00 late fee. This fee is to be paid separately from the tuition.

| Month | Total Payment<br>Friendly Fireflies-$100.00 a month<br>Busy Bees - $110.00 a month<br>Muddy Ducks - $120.00 a month |
|---|---|
| September 2014 | |
| October 2014 | |
| November 2014 | |
| December 2014 | |
| January 2015 | |
| February 2015 | |
| March 2015 | |
| April 2015 | |
| May 2015 | |

***Credit/debit cards are the preferred payment method by the City of Saint Paul.**

**AGREEMENT:** I have read the Recreation for Preschoolers fee payment policies and I agree to pay the monthly tuition. 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 Department of Parks and Recreation**

**Hillcrest - Recreation for Preschoolers**

**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 Department of Parks and Recreation

## Hillcrest - Recreation for Preschoolers Program

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_____

| 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 Department of Parks and Recreation**
**Hillcrest - Recreation for Preschoolers 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 Preschoolers 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 Preschooler 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 Preschoolers 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 Preschoolers staff will contact 911 and/or the Poison Control Center.

Signature _____ Date _____

## Anecdotes and Pictures

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

Signature _____ Date _____