

DEPARTMENT OF PARKS AND RECREATION
RECREATION SERVICES



CITY OF SAINT PAUL
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*** RETURN TO BATTLE CREEK***
Battle Creek Community Recreation Center
2015 - 2016 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
School Child Attends _____

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:

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 () _____

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 _____

2015 – 2016 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** _____