



CITY OF SAINT PAUL
Mayor Christopher B. Coleman



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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 2015

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.

MUST BE 18 years old or older

<u>Name</u>	<u>Address</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:

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 2015 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 only 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.**

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 15 -19	M T W TH F	June 15					
2	June 22-26	M T W TH F	June 22					
3	June 29- Jul 3	M T W TH F	June 29					
4	July 6- 10	M T W TH	July 6					
5	July 13 - 17	M T W TH F	July 13					
6	July 20-24	M T W TH F	July 20					
7	July 27-31	M T W TH F	July 27					
8	Aug 3-7	M T W TH F	August 3					
9	August 10-14	M T W TH F	August 10					
10	August 17-21	M T W TH F	August 17					
11	August 24 - 28	M T W TH F	August 24					

Signature _____ **Date** _____