

# **\*RETURN TO LINWOOD\***

## **SAINT PAUL PARKS AND RECREATION 2017 LINWOOD S'MORE FUN PROGRAM REGISTRATION FORMS**

**\*PLEASE REVIEW AND CHECK OFF BELOW\***

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

\_\_\_\_\_ \$40.00/per child non-refundable registration fee  
\* To be checked off by staff \*

\_\_\_\_\_ First week's tuition, \$180.00 a week and/or \$40.00 a day  
\* To be checked off by staff\*

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Emergency Information Form

\_\_\_\_\_ Emergency field trip Information Card

\_\_\_\_\_ Release Form

\_\_\_\_\_ Fee Contract/Calendar signed and dated (duplicates sent home)

\_\_\_\_\_ Medication Permission Forms (if needed)

\_\_\_\_\_ Credit card payment authorization form (optional)

\_\_\_\_\_ Parent Handbook (kept by parent(s) for reference)

**SAINT PAUL PARKS AND RECREATION  
2017 LINWOOD S'MORE FUN PROGRAM  
REGISTRATION FORM  
(PLEASE PRINT CLEARLY)**

**\*A \$35.00 non-refundable registration fee per child must accompany this application along with first week's tuition.\***

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

CHILD RESIDES WITH:  Both Parents  Mother  Father  
 Stepfather  Stepmother  Guardian

MOTHER/GUARDIAN'S NAME \_\_\_\_\_

STEPFATHER'S/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_ CELL PHONE (    ) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE (    ) \_\_\_\_\_

FATHER/GUARDIAN'S NAME \_\_\_\_\_

STEPMOTHER'S/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_ CELL PHONE (    ) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE (    ) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM S'MORE FUN.  
PHOTO I.D. IS REQUIRED BY THE STAFF PRIOR TO RELEASING YOUR CHILD**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>
_____	_____	( ) _____
_____	_____	( ) _____
_____	_____	( ) _____

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

\_\_\_\_\_  
\_\_\_\_\_

List any special needs of your child (i.e. disabilities, allergies, etc):

\_\_\_\_\_  
\_\_\_\_\_

(You may be contacted by the Departments Adaptive Recreation Staff to learn more about your child and to determine the support, if any, that your child may need. We ask for at least two weeks notice for accommodation requests. In some cases, accommodations may take longer than two weeks.)

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

\_\_\_\_\_  
\_\_\_\_\_

Special interests and favorite activities of your child:

\_\_\_\_\_  
\_\_\_\_\_

Particular behavior difficulties or potential problems or disabilities staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Additional information that will help staff to get acquainted with your child:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

In relation to your child, what are your expectations of S'more Fun?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAINT PAUL PARKS AND RECREATION  
2017 LINWOOD S'MORE FUN PROGRAM  
EMERGENCY INFORMATION FORM**

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business Phone (    ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Business Phone (    ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell 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/Clinic: \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Medical Insurance Company and Policy Number:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAINT PAUL PARKS AND RECREATION  
2017 LINWOOD S'MORE FUN PROGRAM  
FIELD TRIP EMERGENCY INFORMATION CARD**

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_ Ext. \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_ Ext. \_\_\_\_\_

**Other than Parent/Guardian to contact in case of an emergency:**

Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAINT PAUL PARKS AND RECREATION  
2017 LINWOOD S'MORE FUN PROGRAM**

**RELEASES**

**CHILD'S NAME** \_\_\_\_\_

**PROGRAM**

I agree to abide by the terms and conditions of the City of Saint Paul Department of Parks and Recreation 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 S'more Fun Program. Trips will be posted.

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

**MEDICAL EMERGENCIES**

In the case of a life-threatening emergency involving my child, I authorize the S'more Fun program to use the Paramedics to transport my child to the hospital emergency room. The child will be transported at the expense of the parent.

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

**ACCIDENTAL POISONING**

In the event of accidental poison ingestion, I understand that a S'more Fun staff will contact the Poison Control Center.

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

**SUN SCREEN**

My child has permission to apply sun screen. Staff has permission to apply sun screen to my child.

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

**ANECDOTES AND PICTURES**

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

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

## PARENTS FEE CONTRACT

Child's Name \_\_\_\_\_ Registration Fee: (paid) \_\_\_\_\_ (receipt#) \_\_\_\_\_

**\*Please circle all of the days your child will be attending. Staff will fill in all other information\***

**DATES/TIMES:** Linwood's S'more Fun program will begin Monday, June 12<sup>th</sup> and will end on Friday, August 25<sup>th</sup>.

Week	Dates	Days	Due Date	Cost	Paid	Cash Credit Card	Receipt #
1	June 12-16	M T W TH F					
2	June 19-23	M T W TH F					
3	June 26-30	M T W TH F					
4	July 3, July 5-7	M W TH F					
5	July 10-14	M T W TH F					
6	July 17-21	M T W TH F					
7	July 24-28	M T W TH F					
8	July 31- Aug 4	M T W TH F					
9	August 7-11	M T W TH F					
10	August 14-18	M T W TH F					
11	August 21-25	M T W TH F					



**S'more Fun opens at 7:00 A.M. and closes at 6:00 P.M. daily. S'more Fun will be closed on Tuesday July 4<sup>th</sup>, 2017.**

**ENROLLMENT:** You may sign up for any days in which you need child care. We will register youth until we are full.

**FEE PAYMENT POLICIES:** The cost is \$180.00 a week and/or \$40.00 a day. Fees include field trips, daily breakfasts and afternoon snacks.

**Tuition is due on the first day of the week your child attends. For example, if your child's first day is Wednesday, tuition is due that Wednesday. A \$10.00 charge will be added to your fees if tuition is late.**

If your child is absent from the program, our budget demands that we must still collect a fee for that day.

**This includes sick and impromptu vacation days.**

**S'more Fun closes at 6:00 P.M.** You and your child must exit the room by 6:00 P.M. otherwise you are considered late. If your child has not been picked up by then, a late fee of \$10.00 will be charged for every five minutes past closing time. For example, if your child is picked up at 6:03 P.M., you will be charged a \$10.00 late fee. A child will not be allowed to return to the program until the fee is paid. **\*THIS WILL BE ENFORCED\***

**ADVANCE NOTICE FOR VACATION AND ATTENDANCE CHANGES:** You have until two weeks before the program starts to change your child's schedule. **After May 30<sup>th</sup>, you are locked into your contract. You will not be able to subtract days. If you signed up for those days, you must pay for them.** If you need to add days, more than likely we can accommodate you but there are no guarantees. This will be contingent upon staffing and field trips. Parents may remove their child(ren) from the program providing a two week advance notice is given.

**AGREEMENT:** I have read the S'more Fun Registration Packet, and I agree to pay all of my child's tuition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





The following authorization form must be completed by Parent/Guardian AND signed by a physician or licensed prescriber for all long-term programs (ten days or longer) offered by the St. Paul Department of Parks and Recreation in which medication may need to be administered during the time of the activity.

Name of Participant \_\_\_\_\_ Birth date \_\_\_\_\_  
 Program enrolled in \_\_\_\_\_ Dates of Program \_\_\_\_\_  
 Name of Physician/Licensed Prescriber \_\_\_\_\_  
 Clinic Address \_\_\_\_\_ Clinic Phone \_\_\_\_\_

**Medications include all prescription as well as non-prescription/over-the-counter medications**

Medical Condition	Medication	Strength	Dose	Time	Route*	Possible Side Effects

Other Considerations/Directions \_\_\_\_\_

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ \*Route = oral, topical or inhaled

\_\_\_\_\_  
 Physician's/Licensed Prescriber's Signature

\_\_\_\_\_  
 Parent/Guardian Authorization

- I request that the above medication(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
- I release St. Paul Department of Parks and Recreation personnel from liability in the event adverse reactions result from the above-named participant taking their medication(s).
- 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).
- I give permission for the medication(s) to be given by the staff designated by St. Paul Department of Parks and Recreation for medication and health related concerns during the length of this program.
- I will notify St. Paul Department of Parks and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 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 Employer

**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 \_\_\_\_\_

**Medications include all prescription as well as non-prescription/over-the-counter medications**

Medical Condition	Medication	Strength	Dose	Time	Route*	Possible Side Effects

Other Considerations/Directions \_\_\_\_\_

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ \*Route = Oral, topical, or inhaled \_\_\_\_\_

Parent/Guardian Authorization

1. I request that the above medication(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
2. I release St. Paul Department of 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 Department of Parks and Recreation for medication and health related concerns during the length of this program.
5. I will notify St. Paul Department of Parks and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

\_\_\_\_\_  
Date 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 Employer



CITY OF SAINT PAUL  
Mayor Christopher B. Coleman

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www.ci.stpaul.mn.us/depts/parks

Telephone: 651-266-6400  
Facsimile: 651-292-7405  
TTY: 651-266-6378

## Credit card payment authorization form

I give my permission to City of Saint Paul Parks and Recreation to use my Visa / MasterCard / Discover / American Express (circle one) to make payments associated with my child's (or children's) participation in the City of Saint Paul's S'more Fun Childcare Program as listed below:

Child/Children:

The City of Saint Paul has contracted with ActiveNetwork to process Credit Card transactions and securely store credit card information. Please charge my card, as provided and stored in the ActiveNetwork Automated Payment Program, ending in the four digits \_\_ \_\_ \_\_ \_\_, automatically each payment cycle (as scheduled and agreed upon at the time of registration) for S'more Fun Childcare Program costs. I understand that my credit card information will be stored for this purpose. The City of Saint Paul will provide a receipt for all amounts charged.

This Authorization is in effect for the time period listed below:

Session dates: \_\_\_\_\_

This agreement can only be terminated by written request by the Credit Card holder.

Printed Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

