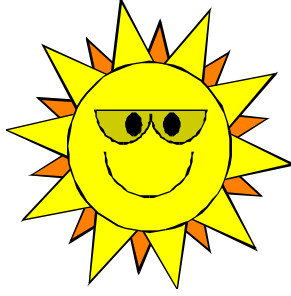


Summer S'More Fun Child Care



S'MORE FUN is a formal child care/recreation program conducted by St. Paul Parks and Recreation for school-aged children that have completed kindergarten through 5th grade.

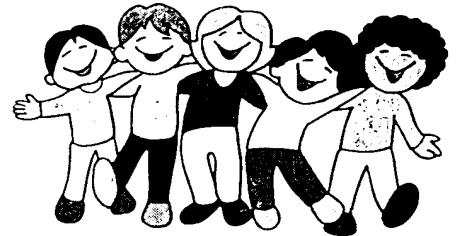
The **CURRICULUM** revolves around a wide variety of fun activities. Activities include arts & crafts, gym games, outdoor activities, field trips, regular swimming, exploring Como Park (including the zoo), Journaling, reading/writing exercises, physical fitness programs and much more.

SPACE RESERVATION-Please fill out Registration form and Summer Contract form, along with a **\$35.00** activity fee. This will guarantee your spot in our summer program.

DATES June 14 through August 25, 2017 (*Closed Tuesday July 4th 2017*)

HOURS Monday through Friday, 7 am to 6 pm.

COST is \$175 per week for full-time participants and \$35 per day for part-time participants, plus additional \$35 activity fee per child for Field Trips, no exceptions. Part time enrollment is **limited and restricted**. There will be no hourly rates. If you are not interested in enrolling as full time, the part time rates are the only option and the \$35 activity fee is still required. The first week fees are due on **June 09, 2017**.



Breakfast and Lunch will be provided.

To **REGISTER**, complete the Registration form and Contract form and return it to North Dale along with the **\$35.00** activity fee. **Registration starts May 1, 2016**.

Space is limited, please register promptly.

LOCATION:

North Dale Community Recreation Center

1414 N. St. Albans

St. Paul, MN 55117 651-558-2329

(At the corner of Dale and Arlington Streets in the North End/Como Area of St. Paul).

For **FURTHER INFORMATION** please contact North Dale or the Parks and Recreation staff below:

Brian Tobritzhofer 651-558-2329 or brian.tobritzhofer@ci.stpaul.mn.us

Nikki Overton Nikki.overton@ci.stpaul.mn.us

CITY OF SAINT PAUL
Division of Parks and Recreation
www.ci.stpaul.mn.us



SAINT PAUL PARKS AND RECREATION

NORTH DALE S'MORE FUN

Summer 2017 Contract

Child's Name _____ Child's Age _____
 (One form per child please) (as of Monday, June 20)

Mother's/Guardian's Name _____ Father's/Guardian's Name _____

Home # _____ Work # _____ Home # _____ Work # _____

Program Fees:

- Activity fee: \$35 per child
- Full-time: \$175 per week
- Part-time: \$35 per day

Starting Date: Monday, June 14

Closed: Tuesday July 4th

Hours: 7:00 am - 6:00 pm

Please circle the days your child will be attending S'more Fun and indicate the amount due for each week.

Week	Dates	Days Attending *	Payment Due Date	Payment Due **	Payment Received
		Registration Fee	At enrollment		
		Activity Fee	At enrollment	\$ 35.00/child	
1	June 14-16	W Th F	Monday, June 14	\$	
2	June 19-23	M T W Th F	Monday, June 19	\$	
3	June 26-June 30	M T W Th F	Monday, June 26	\$	
4	July 3-7	M T W Th F	Monday, July 3	\$	
5	July 10-14	M T W Th F	Monday, July 10	\$	
6	July 17-21	M T W Th F	Monday, July 17	\$	
7	July 24-28	M T W Th F	Monday, July 24	\$	
8	July 31- August 4	M T W Th F	Monday, July 31	\$	
9	August 7-10	M T W Th F	Monday, Aug. 7	\$	
10	August 14-17	M T W Th F	Monday Aug. 14	\$	
11	August 21-25	M T W Th F	Monday Aug. 21		

* Tuesdays and Thursdays will be our swimming days. Most field trips will be on Fridays.

** Please make checks payable to "City of Saint Paul - North Dale S'more Fun" and write the child/ren's name(s) on the check.

Changes or cancellations in attendance must be changed two weeks prior to the originally scheduled day to avoid charge. Changes and cancellations must be in writing.

Part-time days cannot be substituted for other days without a two week notice due to staff scheduling.

I have filled out the above contract and agree to the terms stated above. I will pay the program fees by the due dates and understand that I will still be responsible for cancelled days that did not meet the two week policy.

Parent's/Guardian's Signature _____ Date _____

THANK YOU!

S'MORE FUN SCHOOL AGE CHILD CARE PROGRAM
REGISTRATION FORM/SPACE RESERVATION
\$35.00 ACTIVITY FEE per child

Last Name _____ First Name _____ Birth Date ____/____/____

Address _____ Zip _____ Home Phone _____

Father: Last Name _____ First Name _____

Business Phone _____ (Ext. _____) Cell/Pager _____

Mother: Last Name _____ First Name _____

Business Phone _____ (Ext. _____) Cell/Pager _____

Check the appropriate line:

Full Time _____ **Part Time** _____

If you checked Part Time, what days would you need Child Care?

Monday _____ **Tuesday** _____ **Wednesday** _____ **Thursday** _____ **Friday** _____

Will your child be attending during the Summer Blast Hours? (Monday-Thursday 1-4pm)

Yes _____ **No** _____

Have you ever participated in a St. Paul S'more Fun program before? **Yes** _____ **No** _____

If Yes, where at? _____

Please list any special need that the enrolling participant has (i.e. disabilities, allergies, special needs, etc)

Does the enrolling participant take any medications? **Yes** _____ **No** _____

If yes, please list the medication: _____

If medications need to be administered at the S'more Fun program, you must complete an Authorized Medication Release Form which is provided in the Parent Handbook. Please note, our staff is not allowed to administer any medications that require invasive procedures, with the exception of Epi-pens.

Staff use only

Received Activity Fee (\$35/Child) Date _____

Child's Name _____ Birth Date _____ Age _____

Special Needs _____ Female Male

Address _____ City _____ Zip Code _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Parent/Guardian to contact first in case of emergency _____

In case of emergency and I cannot be reached, please call (in order):

1. Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

2. Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

3. Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Name of Child's Clinic and Doctor _____

Preferred Hospital _____

Child's Medical Insurance Company _____

Child's Medical Insurance Policy Number _____

If you would like to authorize people to pick up your child, other than those listed above, please write their name and relationship to the child below. Thank you. _____

Parent/Guardian Signature _____ Date _____

Child's Name _____

Please initial each line and sign and date the bottom of the form. Thank you.

_____ **POLICIES AND PROCEDURES:** I agree to abide by the terms and conditions of the City of Saint Paul, Division of Parks and Recreation S'more Fun program, with regard to the enrollment of my child. I have received a copy of the Parent Handbook, read it and understand the policies and procedures outlined in it.

_____ **FIELD TRIPS:** I give my permission for my child to participate in the frequent field trips sponsored by the S'more Fun program. Field trips planned will be posted and regularly include travel by bus, van or walking and water activities.

_____ **MEDICAL EMERGENCIES:** In the case of a life-threatening emergency involving my child, I authorize the S'more Fun program to use the St. Paul Paramedics to transport my child to Regions Hospital Emergency Room for medical treatment. The child will be transported at the expense of the parent/guardian. (If you prefer a different hospital, please indicate which one on the Emergency Information Form. We will use it, if possible.)

_____ **ACCIDENTAL POISONING:** In the event of accidental poison ingestion, I understand that the S'more Fun staff will contact the Poison Control Center. I hereby give my permission for the staff to administer Syrup of Ipecac to my child if directed to do so by a physician or the authorities of the Poison Control Center.

_____ **SUNTAN LOTION:** My child has my permission to apply suntan lotion, if I choose to supply it.

_____ **INSECT REPELLANT:** My child has my permission to apply insect repellent, if I choose to supply it.

_____ **PICTURES AND ANECDOTES:** I grant my permission to the S'more Fun program to use my child's name, pictures and anecdotes for the purpose of educating the public of the services available.

Parent/Guardian Signature _____ Date _____

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NORTH DALE S'MORE FUN SUMMER 2017 SWIMMING INFORMATION

Child's Name _____

I give my child permission to:

- _____ swim in the wading pool only
- _____ swim in the shallow end of the pool only (3 to 4 feet)
- _____ swim throughout the pool, but not jump off the diving board
- _____ swim throughout the pool and jump off the diving board

Please discuss this with your child before returning this form to S'more Fun. Thank you.

Parent/Guardian Signature _____ Date _____