



Location _____

Child's Name (& nickname)	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Birthday	Grade (fall 09)
Address (street, city, zip)	Home Telephone	Medical Alerts or Allergies (food, bee etc) Please elaborate on health summary Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child Resides with: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared Custody <input type="checkbox"/> Guardian <input type="checkbox"/>	2 nd Home Number (if applicable)	School Attending	
Which parent/guardian is more convenient to contact if necessary?			
Email address for communication (if applicable):			
Mother/Guardian Name _____		Work # _____	
Place of Employment _____		Cell # _____	
Work hours _____		Email _____	
Father/Guardian Name _____		Work # _____	
Place of Employment _____		Cell # _____	
Work hours _____		Email _____	
Does your child receive early education or special education services? <input type="checkbox"/> yes <input type="checkbox"/> no			
Language other than English spoken at home:			
Parent Signature		Date	

We will not release your child without your permission. We require prior notice by memo or phone call if anyone other than a parent is picking up a child. In the event that a parent does not arrive, cannot be reached or in the case of a medical emergency, we will contact these authorized people to pick up your child or notify of situation. Only these authorized people will be able to leave with your child after presenting a picture I.D. to park staff.

Name	Relationship to child/family	Phone number	Cell number
Name	Relationship to child/family	Phone number	Cell number
Name	Relationship to child/family	Phone number	Cell number

List person(s) not authorized to take your child from the program.



School Year 2009-10 Health Care Summary

Child's Name _____ Birth Date _____

Parent/Guardian _____

Does your child have any dietary restrictions or modifications? **Yes** **No**
Please describe:

Does your child have any allergies? **Yes** **No**
Please describe:

Is your child currently on any medications? **Yes** **No**
Please list the medicines and what your child is taking and specify which are needed during Rec Plus:
Please ask about procedures regarding the administration of medicine.

Are there any conditions that may require emergency procedures? **Yes** **No**
Please describe:

Are there any vision, speech or hearing concerns we should be aware of? **Yes** **No**
Please describe:

Is there anything else we should be aware of regarding your child and their health? **Yes** **No**
Please describe:

Date of last physical examination _____

Health Insurance Policy Number _____ Medical Assistance Number _____

Doctor's Name _____ Phone _____

Clinic Name _____ Phone _____

Hospital Name _____ Phone _____



School Year 2009-10 Health Care Summary cont.

Immunization Record (must be complete and up-to-date)

Type of Vaccine	1 st Dose Mo/Yr	2 nd Dose Mo/Yr	3 rd Dose Mo/Yr	4 th Dose Mo/Yr	5 th Dose Mo/Yr
DPt					
Polio					
Measles					
Rubella					
Mumps					

One or more of the following must be checked and signed:

- I certify that the above named child is appropriately immunized for his/her age, according to the Minnesota State Law for Childcare enrollment. If child has not had minimum number of doses as indicated above, the dates for which the remaining doses are to be given are _____
(The child must complete DPT/TD and polio series within 18 months to remain enrolled)

Physician's Signature _____ Date _____

- The above information has been transferred from records maintained by the child's parent/guardian and indicates that the minimum recommended number of doses of vaccine has been received.

Parent/guardian signature _____ Date _____

- I certify that the above named child has received at least one dose of each vaccine and is in the process of completing the DPT/TD and/or polio vaccine series. The dates for which the following doses are to be given are _____

Physician's Signature _____ Date _____

No child shall be required to receive an immunization that is contrary to the conscientiously held beliefs of the parent or guardian. The following (or similar) statement must be signed and notarized in order for the child to receive an exemption.

I hereby certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s) _____

Parent/guardian signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

Signature/Stamp of notary _____



School Year 2009-10 Emergency Procedures and Permission

Child's Name _____

I understand that no emergency treatment may be given without informed parental consent except in a life-threatening situation.

I agree to keep on file at the Minneapolis Park and Recreation Board (MPRB), Recreation Plus Childcare Program current telephone numbers where a parent or designated responsible adult can be promptly reached in case of emergency.

In case of emergency while my child is in attendance at the MPRB Recreation Plus Childcare Program, I understand that the following procedure will be followed.

1. The MPRB staff will call an ambulance immediately if necessary. (If an ambulance is not necessary, then parents will be called first.) The cost of an ambulance is your responsibility. The MPRB staff will give all contact and medical information to the paramedics. The child will be transported to the nearest emergency medical facility if deemed necessary by the paramedics.
2. The MPRB will contact parent(s) at the phone numbers provided in this packet.

The MPRB may contact or give to paramedics my child's health care provider information:

Medical Care Provider Name	Address	Phone Number
_____	_____	_____

Dental Care Provider Name	Address	Phone Number
_____	_____	_____

3. In the event of an accidental ingestion, I understand that the Recreation Plus staff will call the Poison Control Center.

I Authorize the MPRB staff to follow the above emergency procedure.

Parent or Guardian's Signature and Date



Recreation Plus 2009-10 Permissions and Consent Form

- Yes No **Photo Consent** - I give my permission for MPRB staff to take photographs and/or video of my child during daily and special events and to use the photographs or video in presentations, printed publications, or on the MPRB website.
- Yes No **Photo Consent #2-** I give my permission for MPRB staff to take photographs and/or video of my child during daily and special events and to use the photographs or video on specific Rec Plus park websites. (I.e. parent blogs etc.)
- Yes No **Model Release** - For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs which you have taken of my child for any purpose whatsoever, without further compensation to me. All photographic materials, together with the prints shall constitute your property, salary and completely.
- Yes No **Media Policy** - A variety of developmentally appropriate media is used to enhance your child's Recreation Plus experience. It is emphasized that movies rated "G" or video games rated "E" for everyone or "KA" kids to adult are to be used primarily, if used at Recreation Plus. Occasionally, movies rated "PG" that we consider appropriate are used. In accordance with the Recreation Plus Media Policy, permission is needed for children to be able to watch movies that are rated "PG". Alternative activity choices will be given to children that are not allowed to watch "PG" materials. Please indicate your preference for your child below.
- Yes No **IS** allowed to watch movies rated "PG"
- Yes No I have had an opportunity to meet with a staff member of Recreation Plus program to discuss the program and my specific concerns for my child.
- Yes No A copy of the Parent Manual has been given to me. I understand and will comply with the policies and expectations of the program. I have reviewed the behavior guidelines for my child and understand them.
- Yes No My child has my permission to go with Recreation Plus on walking field trips during the Recreation Plus program.
- Yes No My child has my permission to go with Recreation Plus on registered field trips that I sign up for on School Release Days during the Recreation Plus program.
- Yes No Recreational activities under the supervision of recreation center staff are programmed for all children ages 5 – 12 years. A recreation center program published seasonally, lists all activities available at a center for the current season. Age and registration requirements, times, and fees are also given. Many recreation center activities for children occur during Recreation Plus. It is possible for Recreation Plus children to participate in these activities. My child has permission to participate in these activities.

Parent/Guardian Signature _____ Date _____



Recreation Plus 2009-10 Fee Contract

I am contracting with the MPRB - Recreation Plus program for school-age care for the 2009-10 school year. I understand that a \$35.00 annual (September 09 – August 10) non-refundable registration fee is due at the time of registration. I understand that additional fees may be charged depending on my child’s park activities.

I understand payment will be due in advance of services. Payment is due on the 25th of the month prior to attendance on a monthly basis, to avoid late fees. I understand that space is limited and registration is on a first-come, first-served basis. I understand that failure to make payments on time may result in termination of the program. All financial past due accounts will be sent to the MPRB finance department to handle collection. Please refer to the Parent Manual for more detailed fee payment policies. Preferred payment is by check, money order or credit/debit card. Please make checks payable to: Minneapolis Finance Department.

I understand that I must give two weeks written notice regarding changes, such as changes in contract time, withdrawal from the program, or withdrawal prior to the start of the program. There will be no refunds due to illness, unscheduled vacation or inclement weather. Please hold on to your receipts for tax purposes.

I have read, understand and agree to the Minneapolis Park and Recreation Board’s Recreation Plus billing and fee policies.

Parent/Guardian Signature _____ Date _____

OPTIONAL 2009-10 School Year Automatic Credit/Debit Card Monthly Payment Authorization

Rec Plus Child’s Name _____

Rec Plus Child’s Name _____

Rec Plus Child’s Name _____

Rec + Location _____ Date _____

I authorize the Minneapolis Park and Recreation Board (MPRB) to process my monthly Recreation Plus payment. I understand that I will get a receipt in place of an invoice stating all transactions. The credit card/debit card that I have on account with Reserve Master / MPRB is the one I am authorizing for use of payments. It is my responsibility, as the account owner to update the credit card/debit card when it becomes invalid or expired. I understand that I may stop this payment method at any time by submitting a written request to the Rec Plus Coordinator. I further understand that the amount charged to my account may change from week to week based on my child’s enrollment in trips and activities that I have signed up for with Recreation Plus. I understand this payment method is optional, and not required by the program.

Please check the following lines that you approve for auto pay authorization. The transaction will take place 1-3 days prior to attendance of the week for which you owe.

_____ Monthly Recreation Plus fees _____ Trips/Activity Fees I sign up for with the MPRB

I have read, understand and agree to the policies and charging listed above.

Parent’s Name – printed _____

Parent’s Authorization Signature _____ Date _____



Recreation Plus 2009-10 Data Practices Advisory

The Minnesota Government Data Practices Act requires you to be informed that the information which you are being asked to provide on Recreation Plus registration forms is considered private data. This information is useful and important for us to be able to serve your child. Certain information, such as emergency and health information is required by the Minnesota Department of Human Services for programs to have on file in order to serve a child. Other information is desirable for our program to best serve your child but may not be legally required.

The Minneapolis Park and Recreation Board welcomes persons with disabilities to participate in all programs. All information provided to us concerning a person's disability will be kept in strict confidence.

If you fail to provide required emergency and/or health information, we will not be able to serve your child. You may refuse to provide other information not required by law, and the Recreation Plus administration will make a determination if your omission of information will prevent us from serving your child.

The information provided will be kept in confidence and made available within our program to appropriate staff that work with the Recreation Plus program. In addition, if your services are subsidized, fully or in part, we are required to allow access to your records by the funding source if requested.

I have read and understand the information stated above.

Parent/guardian signature _____ Date _____

Parents are Important Too

Parent participation is highly encouraged. Skills or hobbies you would like to share with children or staff _____

Would you be willing to provide your email address to periodically be emailed to discuss issues regarding the Rec Plus program by email?

If so, please provide email _____