



## 2018-2019 School Year Enrollment Packet

For office use only.

Date Received \_\_\_\_\_

Location Preference 1 \_\_\_\_\_

Location Preference 2 \_\_\_\_\_

**Part time (1 day min per week) Circle days M T W Th F**

Child's Name (& nickname)	Birthday	Grade Entering
Address (street, city, zip)	Home Telephone	Medical Alerts or Allergies (food, bee, etc.)
Child Resides with (circle one): Both Parents    Parent 1    Parent 2    Shared Custody    Guardian	Preferred Number to call	School Attending
Which Guardian to contact first if necessary? Name of Guardian you want to receive billing:		
This name/email will be used for billing. Fill out split billing form if more than one payee. Parent 1/Guardian Name _____ Place of Employment _____ Work Hours _____		Work # _____ Cell # _____ Billing communication email: _____
Parent 2/Guardian Name _____ Place of Employment _____ Work Hours _____		Work # _____ Cell # _____ Email _____
Language other than English spoken at home:		
Parent/Guardian Signature		Date

We will not release your child without your permission. We require prior notice by email 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



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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

My child requires assistance for a disability- related need. Yes  No

If yes, contact the Therapeutic Recreation Inclusion Coordinator at 612-230-6478 to set up a pre-enrollment consultation.

My child needs a dietary modification? Yes  No

Please describe:

Is your child currently on any medications? Yes  No

Please list the medicines 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:

Is there anything else you want us to 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 \_\_\_\_\_

Immunization Record Must be complete (or Xerox a copy of doctor's records and attach) and up-to-date.

Type of Vaccine	1 <sup>st</sup> Dose Mo/Yr	2 <sup>nd</sup> Dose Mo/Yr	3 <sup>rd</sup> Dose Mo/Yr	4 <sup>th</sup> Dose Mo/Yr	5 <sup>th</sup> 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 Day Care 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 \_\_\_\_\_



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 (MRPB), 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. Staff is trained in first aid procedures. If a serious injury should occur, the Recreation Plus staff will perform first aid. Staff will notify you to pick up your child immediately and let you determine if you should take your child to the doctor or dentist. When necessary, 911 will be contacted. Staff will immediately make every effort to notify the parent or persons on the emergency contact card if 911 is called. MPRB accident report forms will be used for all Rec Plus injuries. The parent or guardian is responsible for all medical charges. Medical insurance coverage for the children is the responsibility of the family.
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
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_____	_____	_____
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Dental Care Provider Name	Address	Phone Number
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_____	_____	_____
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3. In the event of an accidental ingestion, I understand that the Recreation Plus staff will call the Poison Control Center and follow their instructions.

I authorize the MPRB staff to follow the above emergency procedure for my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Parents please initial to indicate consent/ agreement.

My child has permission to apply and/or have other children/staff apply sunscreen during Rec Plus. \_\_\_\_\_

Media procedure- 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" for kids to adults 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 Procedures, 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:

My child IS allowed to watch movies rated "PG." \_\_\_\_\_

I have had the opportunity to meet with a staff member of Recreation Plus program to discuss the program and my specific concerns for my child. \_\_\_\_\_

A copy of the Parent Manual has been given to me. I understand and will comply with the procedures and expectations of the program. I reviewed the behavior guidelines for my child and understand them. \_\_\_\_\_

My child has my permission to go with Recreation Plus on walking field trips during the Recreation Plus program. \_\_\_\_\_

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. \_\_\_\_\_

Waiver: In consideration of my child's participation in this activity, I hereby release and discharge Minneapolis Park and Recreation Board (MPRB), and its representatives, successors, and assigns, from any and all liability arising from accident, injury, and illness that they may suffer as a result of their participation in this activity. I (we) also will follow the rules and regulations set by MPRB and above named parties. Parent or guardian must sign for anyone age 18 and under. I do hereby grant and give these groups the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

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



I am contracting with the MPRB for school age child care. Non-Minneapolis resident fees are 50% more for leadership. I understand I must give two weeks written notice regarding schedule 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, vacation, inclement weather, withdrawal from program or school closing. I understand this is not a drop in or hourly childcare. Rates are not determined by when my child arrives in the morning or when I pick my child up in the afternoon. Fees are due in advance of service. Payments can be made online using a credit/debit card. Payment can also be made at your park by check, money order or credit/debit card. Checks are to be made out to: Minneapolis Finance Department. Any bank or service charge for returned checks will be charged to the parent. No money is refunded upon suspension or termination from Rec Plus. A child suspended from school may not attend Rec Plus and no refunds will be given.

**FEES**

- Annual Fee: There is a \$35.00 non-refundable annual registration fee per child.
- School Year: Fees are daily and based on your child’s school start and end times, not by when their bus arrives at location. Billing cycle is monthly. Fees are due on the first of each month. A Late fee of \$15 per month will be automatically added to your Activenet account for outstanding balances not paid by the 15<sup>th</sup> of the month. Your child will be dropped from the program if your account, including late fees, is more than 30 days past due for school year.
- Release Days: Fees are calculated on a daily basis and are separate from the rest of the school year. Extra fees may be charged for field trips. Fees are due upon enrollment. Minimum enrollment is needed per site or alternate sites will be open.
- Split billing: balance must be paid in full, by both parties, in order to be current and avoid late fees or potential termination.
- Late Pick-Up Fees: Clients will be charged \$1.00 per minute for every minute that a child is left at Rec Plus past 6:00pm. Your child will be terminated from Rec Plus if there are more than five (5) late pick-ups within a 12 month period.
- Finder’s Fee: Staff will try to locate a child that does not show up. Failure to notify the park of a child’s absence will result in a warning for the first time and a \$5.00 finder’s fee for each time thereafter.
- Clients who pay late two months consecutively will be required to be on auto-pay.

**2018-2019 SCHOOL YEAR FEES - Rates determined by school start and end times**

Please check which components you are enrolling in for a Mpls Resident Rate

_____AM Early	7:00-8:40am	\$7.60/day
_____AM Late	7:00-9:40am	\$10.20/day
_____PM Early	2:00-6:00pm	\$16.50/day
_____PM Late	3:10-6:00pm	\$11.25/day
_____Release Days	7:00am-6:00pm	\$40.00/day

Please check which components you are enrolling in for a Non - Mpls Resident Rate

_____AM Early	7:00-8:40am	\$9.85/day
_____AM Late	7:00-9:40am	\$14.05/day
_____PM Early	2:00-6:00pm	\$21.25/day
_____PM Late	3:10-6:00pm	\$14.75/day
_____Release Days	7:00am-6:00pm	\$53.00/day

I have read, understand and agree to the MPRB Recreation Plus billing and fee policies. These are the most current and supersede previous fees/policies. I am responsible for paying the fees and adhering to policies outlined in this contract.

Child’s name: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian II Signature Required (if split billing) \_\_\_\_\_ Date: \_\_\_\_\_



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



# BEHAVIOR CONTRACT

In order to ensure the health and safety of my child in attendance at Rec Plus, I/we understand that certain rules must apply to all children in the Rec Plus program. The rules are as follows:

1. Keep hands, feet and objects to yourself.
2. Follow directions and be respectful of the person(s) in charge.
3. Use appropriate language.
4. Respect other people and property.

I/We understand that if myself and/or my child displays any of the following behaviors it may result in my child being suspended or expelled from the Rec Plus program:

1. A behavior that takes away any person’s right to feel and be safe.
2. A behavior that keeps any staff person from fulfilling their job requirements to be available for all children because of constant interference of a child.
3. A behavior that includes inappropriate touching of a person’s body, and/or using inappropriate language or actions.
4. Any behavior involving purposeful destruction or theft of property.
5. Blatant disrespect or refusal to follow directions of those in charge.

If a violation of the rules occurs, the Childcare Worker and Recreation Facility Specialist will work with the parent, child and other staff to develop a plan that addresses the behavior. Each incident will be decided on a case-by-case basis. If I have concerns with another child in the program, I as a parent/guardian, will talk to the staff. I will not approach or address the issue with a child that is not mine.

I/We have read, and understand the Recreation Plus Behavior Contract and its expectations and implications.

Signature of  
Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of  
Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

Child’s Name \_\_\_\_\_ Date \_\_\_\_\_





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

**Parent 1 /Guardian Info:      % or Amount of Bill**\_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Parent 2/Guardian or Subsidy Source Info:      % or Amount of Bill**\_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Caseworker Name (If applicable):  
\_\_\_\_\_

Describe how you would like bill split:  
\_\_\_\_\_  
\_\_\_\_\_

Signature Parent 1 /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent 2/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Rec Plus and the Minneapolis Park and Recreation Board respect your privacy. Our program does not wish to divulge your financial information to anyone. However, we do reserve the right to contact both parents/guardians when past due accounts arise, or when we are considering termination of services due to lack of payment. Staff may also contact your subsidy provider if you are behind on payments. If you have a subsidy source, like Hennepin County, authorization form required prior to starting.