



2019 Summer Enrollment Packet

For office use only
Date Received

Location Preference 1 _____
Location Preference 2 _____

Child's Name (& nickname)	Birthday	Grade Entering
Address (street, city, zip)	Home Telephone	Medical Alerts or Allergies (food, bee etc.)
Child Resides with: Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Shared Custody <input type="checkbox"/> Guardian <input type="checkbox"/>	2 nd Home Number (if applicable)	School Attending
Which Guardian to contact first if necessary? Name of Guardian you want to receive billing: _____		
This name will be used for Billing and Communication Parent 1/Guardian Name _____ Place of Employment _____ Work Hours _____		Work # _____ Cell # _____ Email: _____
Parent 2/Guardian Name _____ Place of Employment _____ Work Hours _____		Work # _____ Cell # _____ Email: _____
Language spoken at home:		
Parent/Guardian 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



Child's Name _____ Birth Date _____

Parent/Guardian _____

My child requires inclusion support 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 (health, behavior, etc.)? Yes No

Please describe:

Date of Last Physical Examination _____

Health Insurance Policy _____ Medical Assistance Number _____

Doctor's Name _____ Phone _____

Clinic Name _____ Phone _____

Child Care Immunization Form

*Must be on file **before** a child attends child care*

Name _____ Birthdate _____

Date of Enrollment _____

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine	DO NOT USE (✓) or (✖)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) • 3 doses during 1st year (at 2-month intervals) • 4 th dose at 12-18 months • 5 th dose at 4-6 years <i>Indicate vaccine type: DTaP or DTP</i>						
Polio (IPV, OPV) • 2 doses in the first year • 3 rd dose by 18 months • 4 th dose at 4-6 years						
Measles, Mumps, and Rubella (MMR) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Haemophilus influenzae type b (Hib) • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older						
Varicella (chickenpox) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Pneumococcal Conjugate Vaccine (PCV) • Required for children age 2 - 24 months • 3 doses in the first year • 4 th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care						
Hepatitis B (hep B) • 2-3 doses in the first year • 3 rd dose (final dose) by 18 months						
Hepatitis A (hep A) • 2 doses separated by 6 months for children 12 months and older						
Recommended						
Rotavirus (2-3 doses between 2 and 6 months)						
Influenza (annually for children 6 months or older)						

Instructions, please complete:

Name _____

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

1. Certify Immunization Status. Complete A to indicate child's immunization status.

A. Children who are 15 months or older:

For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

Signature of Parent / Guardian OR Physician / Nurse Practitioner / Physician Assistant / Public Clinic

_____ Date

2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.

A. Medical exemption:

No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):

Signature of physician / nurse practitioner / physician assistant
_____ Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)

Signature of physician / nurse practitioner / physician assistant (If disease occurred before September 2010, a parent can sign.)

B. Conscientious exemption:

No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

Signature of parent or legal guardian
_____ Date

Subscribed and sworn to before me this:
_____ day of _____ 20____

Signature of notary (A copy of the notarized statement will be forwarded to the commissioner of health.)

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. 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
_____	_____	_____

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 and follow their instructions.

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

Parent/Guardian Signature _____ Date _____



Recreation Plus 2019 Summer
Permission and Consent

Parents/Guardians 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 needs 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 myself 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 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.

Summer 2019 is 11 weeks with a 12 day minimum attendance. Fee must be paid one week in advance. There is a \$35.00 non-refundable registration fee per child. Part time availability is limited, depending on site availability. Please check which component you are registering for. Children attending summer school receive a partial discount. Please specify below if your child is attending summer school.

- Summer: Fees are calculated daily. Fees are due at least one week in advance. Payment of 12 days required.
- Late Payment Fees: A late fee of \$15.00 per week will be assessed for late payment and automatically added to your account. Any client two consecutive weeks past due will be required to enroll in auto-pay. Your child may be removed from the program if your account, including late fees, is more than 15 days past due for summer.
- 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.

Please check which components you are enrolling in for 2019 Summer.

_____Daily Mpls Resident Rate 7:00am -6:00pm \$40.00/day + trip fees over \$20

Please check which components you are enrolling in for 2019 Summer

_____Daily Non Mpls Res Rate 7:00am -6:00pm \$53.00/day + trip fees over \$20

_____My child is attending summer school at: _____(list school)

I have read, understand and agree to the MPRB Recreation Plus billing and fee procedures.

Child's name:_____

Parent Name (print):_____

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 Center Director 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 _____



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 _____



SPLIT BILLING FORM

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.



Minneapolis Park and Recreation Board

Rec Plus School Age Child Care Automatic Payment Authorization Form

Child/ren Name(s) _____

Parent/Guardian Name _____

Authorization is given to the Minneapolis Park and Recreation Board to automatically charge my card on the 1st of the month for school year or weekly in summer to cover Rec Plus payment costs including applicable late fees. This does not include extra charges such as Release Days. Release Day payments will be charged upon enrollment. Rec Plus is not liable for declined cards; payers are responsible to ensure sufficient funds are available if requesting automatic payment and to provide updated card information when necessary. If written communication is not received after written notice of card decline, late fees will be processed as per policy on the 15th of the month (school year) or on Monday (summer). If split payment is requested, fill out two forms. See parent manual for full payment policies and procedures.

	<u>Check box</u>	<u>Options</u>
Automatic Payments:	<input type="checkbox"/>	(1) Charge my card monthly during the school year Rec Plus program on the 1st of the month at midnight.
	<input type="checkbox"/>	(2) Charge my card weekly during the summer Rec Plus program on the Friday (3 days) prior to start of the next week at midnight.
Name on account to charge: _____		

Parent/Guardian Signature _____

Date _____

I have read and understand and agree to the terms and selections. I agree that no prior notification will be provided unless the date or amount changed, in which case I will receive notice from MPRB at least 10 days prior to the payment being collected. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify the Minneapolis Park and Recreation Board in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. Contact the MPRB for any disputes.