



## 2019-2020 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 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 Number \_\_\_\_\_ 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
<b>Required</b> (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.)						
<b>Diphtheria, Tetanus, and Pertussis (DTaP, DTP)</b> • 3 doses during 1st year (at 2-month intervals) • 4 <sup>th</sup> dose at 12-18 months • 5 <sup>th</sup> dose at 4-6 years <i>Indicate vaccine type: DTaP or DTP</i>						
<b>Polio (IPV, OPV)</b> • 2 doses in the first year • 3 <sup>rd</sup> dose by 18 months • 4 <sup>th</sup> dose at 4-6 years						
<b>Measles, Mumps, and Rubella (MMR)</b> • Required for children 15 months and older • 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday • 2 <sup>nd</sup> dose at 4-6 years						
<b>Haemophilus influenzae type b (Hib)</b> • 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						
<b>Varicella (chickenpox)</b> • Required for children 15 months and older • 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday • 2 <sup>nd</sup> dose at 4-6 years						
<b>Pneumococcal Conjugate Vaccine (PCV)</b> • Required for children age 2 - 24 months • 3 doses in the first year • 4 <sup>th</sup> dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care						
<b>Hepatitis B (hep B)</b> • 2-3 doses in the first year • 3 <sup>rd</sup> dose (final dose) by 18 months						
<b>Hepatitis A (hep A)</b> • 2 doses separated by 6 months for children 12 months and older						
<b>Recommended</b>						
<b>Rotavirus</b> (2-3 doses between 2 and 6 months)						
<b>Influenza</b> (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 (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 may be removed 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.

**2019-2020 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	\$11.35/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. If a parent/guardian is called due to behavior you must pick up the child within 30 minutes or send someone to pick up the child.

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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.



## Automatic Payment Authorization Form

Child/ren Name(s): \_\_\_\_\_

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

% of Bill \_\_\_\_\_

Authorization is given to the Minneapolis Park and Recreation Board to automatically charge your 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 file out two forms. See parent manual for full payment policies and procedures.

**Check box**

**Options**

**Automatic Payments:**

Charge my card monthly on the 1st of the month for school year and/or the Friday (3 days) prior to the start of the next week for summer when applicable, based on enrollment.

**Name on account to charge:** \_\_\_\_\_ **Date** \_\_\_\_\_

**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.