Kids R.O.C.K. Summer 2012 Registration Packet

Please carefully complete all of the following pages. Your child's registration will not be processed until all paperwork and the enrollment fee is received. Again, please be sure to complete all pages and return the packet to the Parks and Recreation office in its entirety.

Summer Open House
Saturday, March 10
10:30 a.m.-1 p.m.
VMCC, Youth Room
8055 Barbara Avenue, Inver Grove Heights
Get your questions answered, tour the facility, drop off enrollment forms. We'll have a "kids corner" with activities and crafts.

Important Notes:

- A separate registration packet must be filled out for <u>each</u> child participating in the program. Please do not make double sided copies. If stapling, please make sure pages are in correct order
- Cash or check will be accepted as form of payment for the enrollment fee, however weekly payments will be required to be made automatically (form included in this packet).
- Information/sign up for field trips/swimming lessons/Learn to Skate lessons will be made available prior to the start of the program.
- Registration is ongoing; registration will close when maximum capacity is reached.
- Age groups: We are waiting for registration numbers to come in before determining age divisions. The program is available for youth ages 5-12. Also, if your child has a birthday in the summer that would change which age group he or she is in, please call/email Parks and Recreation to discuss options (651-450-2580).
- When you have completed the packet, please return in one of the following ways:
    - In Person or by mail: Inver Grove Heights Parks and Recreation
      8055 Barbara Avenue
      Inver Grove Heights, MN 55077
    - Fax: 651-450-2490
    - Questions: Jen, 651-450-2580 or jgraham@invergroveheights.org

Kids R.O.C.K. Child Information

All forms must be completed in full, as well as the enrollment fee paid before your child is registered in the program. Please note, a separate form must be completed for each child.

Child's Name:_____

Birthdate:_____ Age as of June 11, 2012:_____

Parent/Guardian Names:_____

Child's Home Mailing Address:_____

City:_____ State:____ Zip Code:_____

	Parent:	Parent:
Home Phone		
Work Phone		
Cell Phone		
Email		

Parent/Guardian Contact Information: please be sure to indicate parent's name

In case of emergency, I authorize the following people to be contacted and/or pick up my child. Names, addresses and phone numbers of TWO people must be provided. Registration will not be complete if two are not listed.

	Name:	Name:
Phone Number		
Address		

Who is authorized to pick up your child:

_____

Any person not listed above will not be allowed to pick up your child from Kids R.O.C.K.

Who cannot pick up your child:

_____

We must have a court order on file to stop non-custodial parents from taking a child.

Office Use Only:

Enrollment fee must accompany this form:

Date paid:_____ Entered by:_____
(Only staff authorized to enter this information into the system)

Method: Check #_____ Credit Card:_____

Medical Information

Child's Name_____

Does your child have any health problems that the staff of Kids R.O.C.K. should be aware of? By state law, if your child has any medical or emotional condition, an ICCP form must be filled out as well. Please contact the Parks and Recreation Department for the ICCP form.

If so, please describe:_____
_____
_____

Is your child on medications: YES NO

If so, what medications:_____

If so, does the medication need to be administered while at Kids R.O.C.K? YES NO
If your child need medication(s) administered while at Kids R.O.C.K., you will need to fill out a medication permission form. Please contact the Parks and Recreation Department for the medication permission form.

Are there any activities that your child may not participate in? YES NO

What type of activities:_____

Are there any behavioral problems that staff should be aware of? YES NO

What behaviors:_____

Do you carry family/hospital insurance? YES NO

Carrier:_____ Policy/Group #:_____

Please provide the following information:

Primary Clinic:_____

Primary Physician:_____

Address:_____

Telephone Number:_____

Primary Clinic:_____

Dentist:_____

Address:_____

Telephone Number:_____

****After you have read and understood each section below, please sign your initials in the area provided****

_____ initial here	**General Travel/Activity Authorization** I give my permission for my child,_____, age____, to leave the facility for travel with City of Inver Grove Heights vehicles or bus for the following reasons: Transporting child: to and/or from school, to obtain medical attention, to Inver Glen Library, to and/or from field trips, including Inverwood Golf Course. I give my permission for my child,_____, age____, to leave the facility for the following reasons: Walks around the Community Center premises, walks to and from Inver Glen Library
_____ initial here	**Emergency First Aid** The only aid measure taken at the center are as follows: Bump or bruise: Apply ice if needed Splinter: First Aid by qualified staff member Cut or scratch: Clean with soap and water and attend to as needed Nose bleed: Apply Kleenex with pressure If further care is needed, we will notify a parent/guardian.
_____ initial here	**Emergency Medical Care** This authorizes the staff of the Inver Grove Heights Parks and Recreation Department, Kids R.O.C.K. program to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I will be responsible for the emergency medical charges upon receipt of statement.

By signing below, I acknowledge that I have read, understood, and agreed to the program policies of the Kids R.O.C.K. Program by signing my initials next to each policy as well as signing below.

Parent/Guardian Name:_____ Signature:_____

Child's Full Name:_____ Date:_____

City of Inver Grove Heights Parks and Recreation Department

Tennessen Warning: The information requested on the registration form will be used to verify eligibility and determine staff, facility and equipment needs. The information you provide may be provided to City staff, volunteers, legal counsel, insurers and auditors. Although you are not legally required to disclose the information requested, failure to do so will prevent you or your child(ren) from participating in the activity or program Participation in the activity for which you are registering for is strictly voluntary. The activity you are registering for is not an essential service provided by the City.
Photographs of Participant: I understand that photographs of Participants may be used in the City's promotional or other published materials. If Participant does not wish to be photographed or included in these materials, Participant must provide written notice of the same.
Assumption of Risk: By executing this form, you are acknowledging that the activity you are registering for may be dangerous and may involve certain risks, including but not limited to bodily injury, personal injury, sickness, disease, death and property loss or damage to yourself or others. By executing this form and participating in this activity, the Participant is assuming all such risks, known or unknown, anticipated or unanticipated.
Required Waiver: In consideration for being allowed to participate in the activity, Participant and/or Participant's parent, legal guardian, or conservator hereby releases, indemnifies, defends and holds harmless the City, its officers, officials, employees, insurers, agents, contractors, representatives, and servants, from and against all liabilities, claims, causes of action, demands, losses, damages, judgments, and other obligations (including attorneys' fees and costs), including those arising from any third party claims, on account of injury, loss or damage which arise out of, or are in any way related to, participation in the above-described activity or use of the City's facilities/property.

Note: If Participant is under 18 years old or has a legal guardian or conservator, this release must be signed by the custodial parent, legal guardian or conservator.
I certify that I am the custodial parent, legal guardian or conservator of the above-named Participant. I hereby consent to his/her participation in this activity and any emergency medical treatment which may be rendered to Participant. I shall be liable for the cost of such medical treatment or services. I have read and understand the above terms and conditions and agree to be bound by them.

Name of Participant:_____
Name of Parent/Legal Guardian/Conservator: _____

Participant Signature (if over 18): _____
Parent/Legal Guardian/Conservator Signature:_____

Date: _____

City of Inver Grove Heights Parks and Recreation Department

Contract Agreement

I agree to my child attending the program dates listed below. An *emailed* three-week notice submitted to the Kids R.O.C.K. Coordinator (not lead teachers or assistants) is required to cancel or change your Kids R.O.C.K. contract - no changes can be made after August 1. Verbal changes will not be honored. Enrollment fees are non-refundable at any time. Should you cancel or change your contract without a three week written notice, you will be held responsible for the contracted outstanding monies. I do understand that if I am late (after 5:30 p.m.) to pick my child up, there is a late fee starting at 5:35 p.m. of $3 every 5 minutes that will be due upon arrival.

_____ _____
Parent/Guardian Signature Date

Child's Name:_____ Birth Date:_____ Age as of 6/11:_____

Enrollment Fee – The enrollment fee is non-refundable. Discounts cannot be combined.
Regular Rate: $75/per child The Grove Member Rate: $70/per child
Additional Child: $70/per child (this rate applies to the second, third, etc. child)

Program Dates: June 11-August 24

Attendance Options:

Option A
3-4 Days/Week
Regular Rate: $145/Week
The Grove Member Rate: $140/Week
Multiple Child Rate: $140/Week
(this rate applies to the second, third, etc. child)

Option B
5 Days/Week
Regular Rate: $175/Week
The Grove Member Rate: $170/Week
Multiple Child Rate: $170/Week
(this rate applies to the second, third, etc. child)

Weekly Attendance: Please mark an 'A' or 'B' next to the weeks that your child will be attending ('A' = 3-4 days/week or 'B' = 5 days/week)

_____Week 1 (June 11-15)

_____Week 2 (June 18-22)

_____Week 3 (June 25-29)

_____Week 4 (July 2-6)**closed July 4**
**Please see page 7 for Week 4 information

_____Week 5 (July 9-13)

_____Week 6 (July 16-20)

_____Week 7 (July 23-27)

_____Week 8 (July 30-August 3)

_____Week 9 (August 6-10)

_____Week 10 (August 13-17)

_____Week 11 (August 20-24)

Option A (3-4 Days/Week) Participants: Which days of the week will your child be attending:

M T W R F

If the 3-4 days/week your child will be attending will be on a rotating schedule, please attach a sheet specifying which days of which weeks your child will be attending. This greatly aids staffing purposes.

Week 4 – July 2-6

Due to the fact that Independence Day falls on a Wednesday this year, we are offering an alternative option July 2-6. This week will be paid out separately and will not be built into your family's invoice. We understand that not every family knows of their "July 4th" plans at this time, however we would like you to make and educated guess at this point and include this form when you turn in the rest of the packet. We will need to know your final plans by Wednesday, June 13 (an email reminder will be sent that week). Thank you in advance as this will greatly aid in making plans for this week as well as staff scheduling.

Child's Name_____

			Please indicate option choice with an 'X'
Option 1	Monday & Tuesday July 2 & 3	$68	
Option 2	Thursday & Friday July 5 & 6	$68	
Option 3	Monday & Tuesday Thursday & Friday July 2 & 3 + July 5 & 6	$136	
Option 4	My child will not be attending this week at all	$0	

Amount Due: $_____

Method of Payment: On Tuesday, July 3 we will charge your credit card on file.

My signature is my agreement to make payments as specified above. I acknowledge that failure to make such payments and keep my account up to date will jeopardize my child's enrollment in the Kids R.O.C.K. program.

_____ _____

Account Holder Signature Date

Payment Information

All payments for the Kids R.O.C.K. program will be made via automatic payment (either through a debit or credit card); **no cash or checks will be accepted** for the program (exception: enrollment fees). Charges will be made to your account on the Tuesday of the week that your child is attending the program. All participants must provide a form of automatic payment before participation in the program can begin. Any individual with late charges or returned item charges will be unable to participate in the program until their account is paid in full. Kids R.O.C.K. reserves the right to discontinue service if bank payment is returned or credit card is declined.

Late Charges: A $25 late fee will be assessed to any participant failing to make payments by agreed due date. This includes all payments that do not go through as a result of account closed, insufficient funds or similar circumstances.

Returned Item Charges: An additional finance fee of $30 will be assessed for a returned check or credit/debit card draft as a result of insufficient funds, account closed or similar circumstances.

Please note, you are responsible to update the Kids R.O.C.K cooridnator regarding any changes or updates to the payment information (including new expiration dates).

Debit/Credit Card Agreement for Kids R.O.C.K Summer Program

please note, we accept only debit or credit cards

Child's Name_____

Name (as it appears on card): _____

Mailing Address:_____

City:_____ State:____ Zip:_____

Phone:_____

Method of Payment (please check one)

Debit/Credit Card (circle which): VISA MASTERCARD DISCOVER

Card Number:_____

Expiration Date:_____ 3-Digit Code_____

My signature is my agreement to make payments as specified above. I acknowledge that failure to make such payments and keep my account up to date will jeopardize my child's enrollment in the Kids R.O.C.K. program.

_____

Account Holder Signature