

POLK COUNTY RECREATION
2010 – 2011 After School/School's Out Registration



To be completed and placed on file prior to enrollment*

Name of Child _____ Date of Birth _____ Age _____

Nickname _____ Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home/Cell Phone _____

Address _____ Zip Code _____ Email _____

Where Employed _____ Work Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____ Email _____

Where Employed _____ Work Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Please give any information concerning your child which will be helpful in his/her experience in group settings (such as play, eating habits, special fears, likes or dislikes.)

If neither father nor mother (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If you cannot pick up your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the Physician or His/Her choice to provide emergency care in the event that neither I nor the Family Physician can be contacted immediately.

Signature of Parent/Guardian _____ Date _____ (OVER)

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CHILDREN'S MEDICAL REPORT

Name of child's doctor _____ Office Phone _____

Name of child's dentist _____ Office Phone _____

Hospital Preference _____ Phone _____

Do you wish to enroll your child in the recreation insurance? Yes _____ No _____

Is child allergic to anything? Yes ___ No ___ If yes, what? _____

Is child currently under a doctor's care? Yes ___ No ___ If so, for what reason? _____

Does child have any physical disabilities that would prevent him/her from participating in any activities? Please list. _____

Signature of Parent/Guardian _____

The recreation department is offering an insurance plan for all programs. For a small fee of \$6.00 per child, your child will be covered for accidents incurred during day camp activities. If you have insurance, this coverage is secondary. **For anyone without Medical Insurance, this plan is MANDATORY for enrollment.**

(Please check one option below)

Yes! I would like to enroll for insurance for a fee of \$6.00 _____ No Thanks, We already have coverage _____

Signature of Parent/Guardian _____

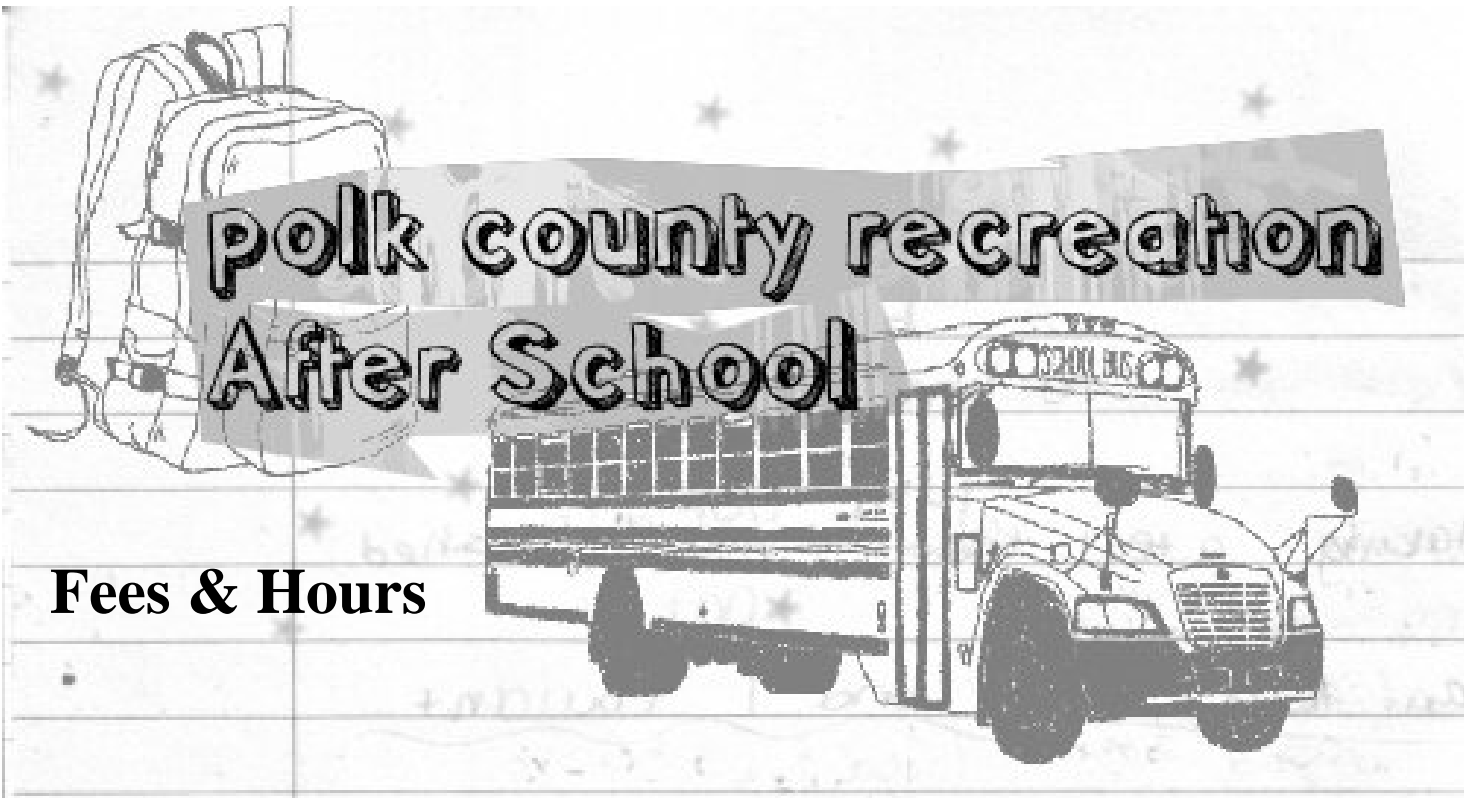
TRAVEL AND ACTIVITY AUTHORIZATION

I, _____, parent/guardian of _____

Give my permission to **Polk County Recreation** for my child to participate in activities and field trips away from Stearns Gym.

Signature of Parent/Guardian _____ **Date** _____

(See Following page for Fees & Hours)



polk county recreation After School

Fees & Hours

Weekly Fees:

Per week: \$35.00

Half Day*: \$10.00 (in addition to regular \$35)

Full Day*: \$15.00 (in addition to regular \$35)

additional children: \$5.00 discount ea.

additional children: \$5.00 ea.

additional children: \$10.00 ea.

*Payment is due on Monday for the current week

School Vacations (School's Out Program)

3 Day*: \$45.00

2 Children: \$70.00

3 Children: \$80.00

4 Day*: \$55.00

2 Children: \$90.00

3 Children: \$100.00

5 Day*: \$65.00

2 Children: \$100.00

3 Children: \$110.00

**Parents:

You must let the staff know by Monday pickup (of the week scheduled) whether your child(ren) will be participating in the school's out program. This is for any week that involves a half day, full day, or school vacation. We need to have a definite count in order to properly staff our program. Additional fees will be applied and due with regular weekly payment. **No refunds or credits will be issued if child does not come.** Please contact the After School Director with any questions or concerns.

Hours of Operation:

After School Care: After School- 6:00pm

School's Out Care: 7:00am- 6:00pm

*Late pick-ups will result in a Late Fee of \$1.00 per minute, due at time of pick-up.