

## **Kids R.O.C.K. Summer 2019 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.

### **Important Notes:**

- A separate registration packet must be filled out for each child participating in the program. Do not make double sided copies. All pages of the registration packets must be submitted in correct order.
- Cash, check or credit/debit card will be accepted as form of payment for the \$80 enrollment fee, however weekly payments will be required to be made automatically via credit or debit card (form included in this packet). If cash or check is not submitted with this packet for the enrollment fee, your credit or debit card number that you have submitted for monthly payments will be used.
- Contract Agreement Calendar (page 7): All Contract Agreements must be completed in full by May 15. If you are unaware of your summer plans at the time of submission, annotate 'schedule forthcoming' on the Contract Agreement; it is then your responsibility to follow-up with your attendance dates by May 15. If attendance dates are not submitted by May 15, registration is voided.
  - New in 2019: Payments will be made bi-weekly; accounts will be debited according to the following schedule. A family's monthly payment will be divided equally.
    - June care: Billed May 30 and June 15
    - July care: Billed June 30 and July 15
    - August care: Billed July 30 and August 15
- 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). Last year age groups were 5-7, 8-9, 10-12.
- The City of Inver Grove Heights is willing to provide reasonable accommodations to allow effective communication and participation in programs and activities, please contact Jen to make your preferences known.
- 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 Office  
8055 Barbara Avenue  
Inver Grove Heights, MN 55077
  - Fax: 651-259-8047
  - Questions: Jen, 651-450-2580 or [jgraham@invergroveheights.org](mailto: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 6/10/19: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Child's Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tshirt Size: YS      YM      YL      AS      AM      AL

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

\*Primary Parent = in case of child illness/emergency, this would be the parent most readily available

	Primary Parent*:	Parent:
Home Phone		
Work Phone		
Cell Phone		
Email		

**REQUIRED** In case of emergency, I authorize the following people (not listed above) to be contacted and/or pick up my child. Names and phone numbers of TWO people must be provided.

	Name:	Name:
Phone Number		

Who is authorized to pick up your child (do not leave this blank):

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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:

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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: \_\_\_\_\_ Cash \_\_\_\_\_

## 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\*\***

**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.

\_\_\_\_\_  
initial here

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, walks/bike rides within the City of Inver Grove Heights.

**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

\_\_\_\_\_  
initial here

If further care is needed, we will notify a parent/guardian.

**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.

\_\_\_\_\_  
initial here

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**

**Tennessee 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:** \_\_\_\_\_

**Parent/Legal Guardian/Conservator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Contract Agreement (page 1 of 2)

## Attendance Options (can register for a combination of options):

### Option A

3-4 Days/Week

Regular Rate: \$152/Week

The Grove Member Rate: \$147/Week

Multiple Child Rate: \$147/Week (this rate applies to the second, third, etc. child)

\*\*Rates cannot be combined

### Option B

5 Days/Week

Regular Rate: \$182/Week

The Grove Member Rate: \$177/Week

Multiple Child Rate: \$177/Week (this rate applies to the second, third, etc. child)

\*\*Rates cannot be combined

## Special Week of July 1-5 Rates (closed Thursday, July 4 and Friday, July 5)

1 day rate: \$38/day

Choose any (or all three) days and be billed accordingly

\*\*discounts not applied this week

## Attendance Changes:

- All changes must be made via email to ([krchanges@invergroveheights.org](mailto:krchanges@invergroveheights.org)).
- Attendance calendar/schedule must be received by May 15
- Schedule changes are allowed according to the following schedule:
  - June Changes: Due May 28
  - July Changes: Due June 27
  - August Changes: Due July 26

I agree to my child attending the program dates listed on the following page. An *emailed* two-week notice submitted via email [krchanges@invergroveheights.org](mailto:krchanges@invergroveheights.org) (not given to coordinator, lead teachers or assistants) is required to cancel your Kids R.O.C.K. contract. Verbal changes will not be honored. Enrollment fees are non-refundable at any time. Should you cancel or change your contract without a two-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.

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Parent/Guardian Signature

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Date

**Contract Agreement (page 2 of 2)**

Child's Name (print): \_\_\_\_\_

Child's Age as of 6/10/19: \_\_\_\_\_

Sibling in Kids ROCK:    Yes    No    If yes, name(s): \_\_\_\_\_

Grove Family Membership:    Yes    No

**CHECK ALL DATES YOUR CHILD WILL BE ATTENDING KIDS ROCK.**

**Schedule forthcoming (by 5/15)**

<b>June</b>				
Monday	Tuesday	Wednesday	Thursday	Friday
10 ___ Attend	11 ___ Attend	12 ___ Attend	13 ___ Attend	14 ___ Attend
17 ___ Attend	18 ___ Attend	19 ___ Attend	20 ___ Attend	21 ___ Attend
24 ___ Attend	25 ___ Attend	26 ___ Attend	27 ___ Attend	28 ___ Attend
<b>July</b>				
Monday	Tuesday	Wednesday	Thursday	Friday
1 ___ Attend	2 ___ Attend	3 ___ Attend	4 <b>CLOSED</b>	5 <b>CLOSED</b>
8 ___ Attend	9 ___ Attend	10 ___ Attend	11 ___ Attend	12 ___ Attend
15 ___ Attend	16 ___ Attend	17 ___ Attend	18 ___ Attend	19 ___ Attend
22 ___ Attend	23 ___ Attend	24 ___ Attend	25 ___ Attend	26 ___ Attend
<b>August</b>				
Monday	Tuesday	Wednesday	Thursday	Friday
July 29 ___ Attend	July 30 ___ Attend	July 31 ___ Attend	1 ___ Attend	2 ___ Attend
5 ___ Attend	6 ___ Attend	7 ___ Attend	8 ___ Attend	9 ___ Attend
12 ___ Attend	13 ___ Attend	14 ___ Attend	15 ___ Attend	16 ___ Attend
19 ___ Attend	20 ___ Attend	21 ___ Attend	22 ___ Attend	23 ___ Attend

Office Use Only:  
Date Received: \_\_\_\_\_ Staff: \_\_\_\_\_ / Date Entered: \_\_\_\_\_ Staff: \_\_\_\_\_

**City of Inver Grove Heights Parks and Recreation Department**

**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 twice a month to your account. Your monthly total will be your family's monthly childcare total divided equally). Please note, if your child does not start until after the 15<sup>th</sup> of a particular month, your payment will still run on the 30<sup>th</sup> and 15<sup>th</sup> (again, divided equally in two).

**2019 Payment Schedule**

June care: Billed May 30 and June 15

July care: Billed June 30 and July 15

August care: Billed July 30 and August 15

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 coordinator 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: 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