

# SUMMER DISCOVERY

SHARE ✦ CREATE ✦ EXPLORE



2012

Registration Information & Form



SHARE ✨ CREATE ✨ EXPLORE

Grades K - 8 (during 2011-12 School Year)

June 11, 2012 - August 31, 2012

6:30 a.m. - 6:00 p.m.

*\$50 Non-Refundable registration fee*

Weekly Tuition (Fee)

5 days - \$175

4 days - \$148

3 days - \$117

Are you looking for a safe and fun place to send your children during the summer? Look no further than Shoreview Parks & Recreation Summer Discovery Program! This 12-week summer child care program offers your child the opportunity to have a fun-filled, jam-packed summer while under the guidance of highly qualified staff. Along the way we will make memories as we share, create, and explore many exciting activities and adventures. Your child will be placed in an age specific group for the summer with staff that will work to meet your child's emotional, social, physical and cognitive needs.

**Program Highlights:**

- Flexible scheduling with 3, 4, or 5 day per week options and up to 2 weeks unpaid vacation days
- Weekly field trips on Wednesdays
- Swimming 3 days a week at Tropics Waterpark (Mon, Tues, Thurs.)
- Age appropriate activities
- Indoor and outdoor group games
- Focus on physical fitness
- Emphasis on health & nutrition
- Morning and afternoon snack included
- Enrichment classes such as piano, guitar, swimming, drama, art, science, cooking, sports, etc. are offered at an additional affordable rate
- Qualified and trained staff
- Optional hot lunch program
- Leadership development for 6th-8th graders

*For more details please call: 651-490-4750 or email: [rsola@shoreviewmn.gov](mailto:rsola@shoreviewmn.gov)*

# *Registration Information*

**Registration will be held Thursday, March 1, 2012.**

Registration will begin at 8:00 am at the Shoreview Community Center upper level Parks and Recreation Service Desk.

1. **One child per registration form.**  
Please make copies for additional children.
2. **Bring completed registration form & \$50 non-refundable registration fee for each child to:**

*Shoreview Community Center  
4580 Victoria Street North  
Shoreview, MN 55126*

*Please make checks payable to:  
**City of Shoreview***

3. **Registration is on a first-come, first-serve basis. In-person registrations will receive a higher priority. Registrations received via mail, fax, or drop-off are processed as time permits. *Space is limited.***
4. **All registered participants will receive a packet by mail in May 2012, including specific information regarding the mandatory parent orientation, parent handbook, enrichment class schedules, billing contract, & participant behavior agreement.**

# 2012 SUMMER DISCOVERY REGISTRATION FORM

Shoreview Parks & Recreation | 4580 Victoria Street North | Shoreview, MN 55126 | (651) 490-4750

Please check the program that you are registering for:

**Program Dates:** June 11 - August 31, 2012

(Grades K-5)\* Activity #340300-01

(Grades 6-8)\* Activity #340300-02

\*All grades are based on the 2011 - 2012 School Year.

Please check your weekly fee:

5 days \$175

4 days \$148

3 days \$117

\*(Minimum of 3 days)

Days of the week your child will attend:

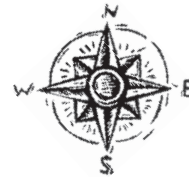
Monday

Tuesday

Wednesday

Thursday

Friday



Please Include \$50 Non-Refundable Registration Fee:

Check

Cash

Visa

Mastercard

Checks Payable to City of Shoreview

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

Summer Discovery T-shirt

Youth  small  medium  large

Adult:  small  medium

large  X-large

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Grade Currently In \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zipcode

Child resides with:  Mother  Father  Both  Other \_\_\_\_\_

1. Parent/Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2. Parent/Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_



Please complete the emergency form on the next page →

# Participant Emergency Information

## Summer Discovery Program

### Emergency Contact Information / Authorized Release

Please have ALL emergency contact persons listed within the Twin Cities Metro Area as the child may need to be picked up immediately. Unless otherwise stated, parents/guardians will be authorized to pick up & the first contact attempted in an emergency. *All contacts listed below will be authorized to pick-up your child from the Summer Discovery Program, as well as be contacted in an emergency.*

#### Contact 1: (Other than Parent/Guardian)

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_\_) \_\_\_\_\_

#### Contact 3: (Other than Parent/Guardian)

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_\_) \_\_\_\_\_

#### Child's Medical/Insurance Information

Physician Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Dentist Name \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions/Special Needs \_\_\_\_\_

In consideration of your accepting my child's registration, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Shoreview, the Parks and Recreation Department, or the Summer Discovery Program for any and all injuries suffered by myself or my child at any activity sponsored by these groups. In an emergency situation, staff will take whatever emergency measures necessary for the care and protection of your child while under our supervision. I hereby authorize City of Shoreview employees to contact emergency medical services and act on behalf of parents when parents are unavailable.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Contact 2: (Other than Parent/Guardian)

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_\_) \_\_\_\_\_

#### Contact 4: (Other than Parent/Guardian)

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_\_) \_\_\_\_\_

Physician Phone (\_\_\_\_\_) \_\_\_\_\_

Insurance ID # \_\_\_\_\_

Dentist Phone(\_\_\_\_\_) \_\_\_\_\_