



SUMMER DISCOVERY

SHARE ✨ CREATE ✨ EXPLORE



2010

Registration Information & Form



Grades K-6 (during 2009-10 School Year)
Leaders In Training grades 6-8 (during 2009-10 School Year)

June 14, 2010 - September 3, 2010
6:30 a.m. - 6:00 p.m.

**Rate - \$50 Non-Refundable registration fee*

5 days - \$170

4 days - \$144

3 days - \$114

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
- Swimming 3 days per week at Tropics Indoor Waterpark
- 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

For more details please call Becky Sola at 651-490-4764.

Registration Information

Registration will be held Thursday, March 4, 2010. Registration will begin at 5:00 am at the Shoreview Community Center upper level Parks and Recreation Service Desk.

Please use the upper level entrance to gain access to the registration desk, the doors will not open until 5:00 a.m.

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. Multiple household registrations will not be accepted. 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 2010, including specific information regarding the mandatory parent orientation, parent handbook, enrichment class schedules, billing contract, and participant behavior agreement.

Summer Discovery Leader-in-Training (LIT)

Children grades 6-8 during the 2009-2010 school year. The Summer Discovery Leader-in-Training Program, is a full-day, supervised leadership program for your middle schooler. This program will follow the same calendar as the Summer Discovery program, but will provide a great opportunity for your child to develop their leadership skills. Participants will be involved in leadership development component throughout the week. Your child will set those learned skills into motion while working with younger Summer Discovery participants at various times during the week. LIT's will participate in Summer Discovery field trips, swimming and other program wide activities.

2010 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 14 - September 3, 2010

- Summer Discovery (Grades K-6)*
- LIT (Grades 6-9)*

* All grades are based on the 2009 -2010 School Year.

Please check your weekly fee:

- 5 days \$170
- 4 days \$144
- 3 days \$114

*(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 6-8 10-12 14-16

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: _____

Classmate Requests - Please request up to two classmates.

1. _____
2. _____



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 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 _____

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(_____) _____

Allergies _____

Medical Conditions/Surgeries _____

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 Summer Discovery for any and all injuries suffered by myself or my child at any activity sponsored by these groups. In an emergency situation, Summer Discovery 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 _____