



Office Use Only

Date & Time Received: _____

Staff Initials: _____

City of Inver Grove Heights Parks and Recreation Department

Kids R.O.C.K. Summer 2021 Registration Packet

Please carefully complete all the following pages. Your child's registration will not be processed until all paperwork and the enrollment fee is received.

Return the packet in its entirety, to the Veteran's Memorial Community Center Guest Services desk.

Dates: June 14- August 27

Times: 7am-5:30pm

Important Notes:

- **To stay safely within our capacities, all registrations must be formally approved via email communication prior to entry into the program. Please note that submission of registration packet and additional required items does not guarantee a spot in the program. Approval will come from kidsrock@ighmn.gov.**
- Registration will close when maximum capacity is reached.
- 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 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 (page 7): **All Contract Agreements must be completed in full at the time of submission.**
 - 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
- Age groups: Anticipated age group are ages 5-8 and 9-12. We are waiting for registration numbers to come in before determining age divisions. Room capacities are limited so we may not be able to honor all requests for groups.
- The City of Inver Grove Heights is willing to provide reasonable accommodations to allow effective communication and participation in programs and activities, please contact Chelsea to make your preferences known.
- When you have completed the packet, please return in one of the following ways:
 - In Person or by mail: Veteran's Memorial Community Center- Guest Services Desk
8055 Barbara Avenue
Inver Grove Heights, MN 55077
 - Questions: 651-450-2585 or kidsrock@ighmn.gov

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 6/14/21: _____

Parent/Guardian Name(s): _____

Child's Home Mailing Address: _____

City: _____ State: _____ Zip: _____

T-shirt 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:
Cell Phone		
Home Phone		
Work 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):

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 picking up 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)

Total paid: _____

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
Nosebleed: 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.

COVID-19 Statement: I acknowledge that COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The City has enacted preventative measures to reduce the spread of COVID-19. The City, however, cannot guarantee that participants in the Activity will not become infected with COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk I may be exposed to or infected by COVID-19 by participating in the Activity. I warrant that I do not have any symptoms of COVID-19, including, without limitation, fever, cough, shortness of breath or difficulty breathing, chills, or muscle or body aches; or have a suspected or confirmed diagnosis of COVID-19.

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)

Enrollment Fee:

Regular Rate: \$80

The VMCC Member Rate/ Multiple Child: \$75

Attendance Options:

Option A- 5 Days a week contract

(Must commit to minimum of 9 weeks)

Regular Rate: \$187/Week

The VMCC Member Rate: \$182/Week

Multiple Child Rate: \$182/Week (this rate applies to the second, third, etc. child)

**Rates cannot be combined.

Option B- 3 Days a week (Monday/ Wednesday/ Friday) contract

(Contract only valid for M/W/F)

Regular Rate: \$157/Week

The VMCC Member Rate: \$152/Week

Multiple Child Rate: \$122/Week (this rate applies to the second, third, etc. child)

**Rates cannot be combined.

Option C- 2 Days a week (Tuesday/ Thursday) contract

(Contract only valid for T/TH)

Regular Rate: \$107/Week

The VMCC Member Rate: \$102/Week

Multiple Child Rate: \$102/Week (this rate applies to the second, third, etc. child)

**Rates cannot be combined.

Attendance Changes:

Weeks may not be changed due to capacity.

I agree to my child attending the program weeks listed on the following page. An *emailed* two-week notice submitted via email kidsrock@ighmn.gov (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. Any late fees will be deducted from your account the upcoming Wednesday.

Parent/Guardian Signature

Date

Contract Agreement (page 2 of 2)

Child's Name (print): _____

Child's Age as of 6/14/21: _____

Sibling in Kids ROCK: YES NO If yes, name(s): _____

Grove Family Membership: YES NO

Contract (Check/Circle one):	Option A: 5-Day Contract	Option B: 3-Day Contract (M/W/F)
	Option C: 2-Day Contract (T/TH)	

Program: June 14- August 27

7am-5:30pm

CHECK THE WEEKS YOUR CHILD WILL BE ATTENDING KIDS ROCK.

Summer 2021		Attending <i>(Write YES or NO – a blank space will be considered a NO)</i>
Week 1	June 14 - June 18	
Week 2	June 21 - June 25	
Week 3	June 28 - July 2	
Week 4	July 5 - July 9 (Open 7/5)	
Week 5	July 12 - July 16	
Week 6	July 19 - July 23	
Week 7	July 26 - July 30	
Week 8	August 2 - August 6	
Week 9	August 9 - August 13	
Week 10	August 16 - August 20	
Week 11	August 23 - August 27	

****Daily maximum for each day is 44 children as of 3/23/21. This will be evaluated as the state releases restrictions.***

Office Use Only: Date Received: _____ Staff: _____ / Date Entered: _____ Staff: _____
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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 15th of a particular month, your payment will still run on the 30th and 15th (again, divided equally in two).

2021 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)

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

Card Number: _____

Expiration Date: _____ 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