

CITY OF MOBILE PARKS AND RECREATION
SPECIAL ACTIVITIES DIVISION

251-666-6404 or 251-666-6053

S.T.A.R. PROGRAM

STUDY TIME AND RECREATION

BEFORE SCHOOL AND AFTER SCHOOL

CHILD CARE

PROGRAM FEES

| | |
|--|------------------|
| <u>BEFORE</u> SCHOOL: | \$20.00 per week |
| <u>AFTER</u> SCHOOL: | \$35.00 per week |
| <u>BEFORE & AFTER</u> SCHOOL: | \$45.00 per week |
| <u>Drop In:</u> | \$10.00 per Day |

REGISTRATION FEE PER CHILD: \$15.00

2011/2012 School Year Begins August 15, 2011

SPACE IS LIMITED – REGISTER EARLY

REGISTRATION BEGINS JULY 5, 2011

REGISTER IN PERSON AT:

CITY OF MOBILE PARKS & RECREATION

48 N. SAGE AVE

MOBILE, AL 36607

OFFICE HOURS 8:00 AM - 4:00 PM

(City Policy Effective April 1, 2010 – Checks are no longer accepted for payment)

SCHOOL LOCATIONS:

AUGUSTA EVANS SPECIAL

BRAZIER ELEMENTARY

FONDE ELEMENTARY

HOWARD ELEMENTARY

OLD SHELL ROAD MAGNET

KATE SHEPARD ELEMENTARY

Morning Program: 6:30 a.m. until school takes in

Evening program: End of day school bell until 6:00 p.m.

FOR INFORMATION CALL the City of Mobile's
Special Activities program at 251-666-6404

MOBILE PARKS and RECREATION DEPARTMENT
S.T.A.R. PROGRAM REGISTRATION FORM

SCHOOL ATTENDING: _____ SCHOOL YEAR _____

MORNINGS _____ AFTERNOONS _____ DROP-IN _____ DAYS: M _____ T _____ W _____ T _____ F _____

CHILD'S NAME _____ AGE _____ GRADE _____ BIRTH DATE _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____ CELL PHONE _____

MOTHER'S NAME _____ EMPLOYER _____ W. PHONE _____

FATHER'S NAME _____ EMPLOYER _____ W. PHONE _____

PERSON (S) AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN PARENTS:

NAME _____ PHONE _____ ; NAME _____ PHONE _____

NAME _____ PHONE _____ ; NAME _____ PHONE _____

EMERGENCY CONTACT PERSON OTHER THAN PARENT:

NAME _____ HOME PHONE _____ WORK PHONE _____

SPECIAL INSTRUCTIONS ABOUT ALLERGIES, DIET, MEDICAL CONDITIONS, DISABILITIES, ETC.

PHYSICIAN _____ PHONE _____ HOSPITAL _____

DO YOU HAVE MEDICAL INSURANCE? YES _____ NO _____

CANCELLATION POLICY

Pre-registration determines if a program will be implemented or cancelled. City of Mobile Special Activities S.T.A.R. reserves the right to cancel a program that does not meet minimum student enrollment requirements of 20 participants. If a program is cancelled due to insufficient enrollment, you will be notified and the registration fee will be refunded.

I hereby acknowledge that I have read the above statement and fully understand that the program may be cancelled if minimum enrollment requirements are not met and further acknowledge that I have received a S.T.A.R Parent Handbook and realize it is my responsibility to be aware of policies, fees, etc., contained therein.

SIGNATURE _____ DATE _____

PARENTAL CONSENT

I hereby release Mobile Parks and Recreation Department Special Activities Division and said agents, servants, representatives, licensees and contractors from any and all claims, demands, rights and causes of action of whatsoever kind and nature arising, directly or indirectly, from any and all known and unknown, foreseen and unforeseen, bodily and personal injury which arise from participation of the child named above during any activity or at any location where a program is being held and transportation to and from that location.

EMERGENCY RELEASE

The undersigned, as parent/guardian of the child named above, hereby authorizes the Mobile Parks and Recreation Department Special Activities Division staff to render necessary medical care and treatment of the aforesaid child of any illness or injury, which the child may suffer at any time while in their custody. It is understood that, time permitting, specific permission of the parent/guardian will be secured in the event any major treatment is to be undertaken. Should an emergency arise, this authorization and consent will cover such an event. I/we understand that the Mobile Parks and Recreation Department provides NO INSURANCE coverage and I agree to assume responsibility for payment for all medical cost incurred.

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

PRE-REGISTRATION INFORMATION

RECEIPT NUMBER _____ DATE _____ STAFF INITIALS _____

AMOUNT PAID _____ CASH _____ MASTERCARD _____ VISA _____ MONEY ORDER _____ OTHER _____