

All Day ROCKS Program Registration Info

To Register: Please fill out all forms completely. Additional forms can be found online at www.fridleymn.gov

- Fill out the *Program Registration Form* on page 14, please include all phone numbers of parents/guardians, emergency contact and authorized release contacts (you may use this form for more than one child). Please note: your child will only be released to those listed on the registration form. After the time of registration you may add someone to your authorized release contacts by calling the Recreation Department at 763-572-3570.
- Find the *ROCKS Registration Form* for your child on page 15 - 17. There is a different form for each age group: K-1, 2-3, or 4-7 (please fill out one of these forms for each child).
 - Check the box for the weeks your child will be attending on the far left side of the form. Choose the weekly or daily option.
 - Weekly (\$140/week):** Check the box next to the class your child would like to participate in for each time period. Wednesday trips and special events are included in the weekly fee.
 - Daily (\$35/day):** Fill in the box for the days your child will attend. Your child will participate in the classes marked with an asterisk(*).
- Include payment and **sign the Financial Agreement below.** Full payment for the first week is necessary to process your registration. If you would like to set up a payment plan fill out the Financial Agreement information and we will automatically charge your credit card each week.

Return your registration:

Mail-In: Mail your registration form with payment to City of Fridley Recreation Department, 7071 University Avenue NE, Fridley, MN 55432.

Walk-In: Recreation Department office hours are M-F, 8 a.m. - 4:30 p.m.; located in Fridley City Hall.

E-mail: Accepted with VISA or MasterCard payment; send to recreation@fridleymn.gov

****Due to the complexity of the ROCKS registration we do not except registrations by phone or online.****

Financial Agreement

This agreement is made and entered into between _____ (Parent/Guardian name) and the City of Fridley Parks & Recreation Department. I agree to pay the applicable fees for the weeks I have registered my child(ren) _____ (Child(ren)'s Name(s)) for under the following terms:

Please check one: Carry a balance due and pay automatically via credit card one week in advance for each week registered.
 Pay in full at the time of registration.

If you carry a balance:

1. The first week that your child(ren) will attend must be paid at the time of registration.
2. Payments will be made automatically by credit card for the remaining registered weeks. Credit cards will be charged on the Monday preceding the week of service.
3. Your balance due may be paid in full at any time.

CANCELLATION: You must give notice of cancellation for a given week to the Parks & Recreation office at 763-572-3570 or recreation@fridleymn.gov by 4:30 p.m. the Friday before your payment is due or you will be charged for the week.

OTHER: A late pick-up fee of \$5 in increments of 5 minutes past the assigned pick-up time will be assessed per household.

I have read the above terms and understand the financial commitment and responsibility to the City of Fridley, and that there are no exceptions to these terms. I recognize that this is a legal agreement. I sign below with the full knowledge and consent of its meaning and importance.

In addition, I authorize the Fridley Recreation Department to charge my credit card on a weekly basis for my child's ROCKS program fees. Credit Cards will be charged the Monday prior to the week of care. Weekly program costs are \$140 (\$115 for Week #1 and \$85 for Week #4) per child. Daily Fee: \$35. I agree that I will notify the Recreation Department to any changes in order to guarantee accurate charges to my credit card. I understand that I may notify the Recreation Department of changes by calling the Recreation Department at 763-572-3570.

Parent/Guardian Signature: _____ Date: _____

Name on Credit Card: _____

VISA MasterCard _____ - _____ - _____ - _____ CVC: _____ Expiration Date: _____