



# Community Partners with Youth

1900 7<sup>th</sup> Street NW · New Brighton, MN 55112  
Phone: 651-633-6464 E-mail: cpymn@cpymn.org

## Summer 2018

Registration Form—Garden View/Oak Grove/Aspen Glenn/Arden Manor

### Program Fees for residents of Garden View/Oak Grove/Aspen Glenn/ Arden Manor:

Program includes daily lunch and snack, project supplies, weekly field trips, and care from quality staff

#### Morning Program 7:30am-12pm (M-Th)

Register by April 30<sup>th</sup>:

2 days a week (\$40/wk)  3 days a week (\$50/wk)  4 days a week (\$60/wk)

Register after April 30<sup>th</sup>:

2 days a week (\$50/wk)  3 days a week (\$60/wk)  4 days a week (\$70/wk)

#### Afternoon Program 12pm-5:30pm (M-Th)

Register by April 30<sup>th</sup>:

Full afternoon scholarships if your child qualifies for free/reduce lunch within Mounds View School District. Call for rates if your child does not qualify for free/reduce lunch.

Register after April 30<sup>th</sup>:

\$10 per child per week (M-Th)

\*There is a 10% discount for additional siblings. (Applicable only if no scholarship has been awarded)

**The first 15 youth registered that receives Free/Reduced lunch will receive a FULL Scholarship for afternoon program Monday-Thursday.**

### Payment due dates:

\$25 Registration is due at time of registration to secure your spot/scholarship.

Payment for first week of program is due by **May 25, 2018**.

Weekly balance is due on the Monday, one week prior to start of new week. **(Child will not be able to participate in program if balance has not been cleared)**

### How to make payments:

Payments by credit/debit card can be made over the phone or through our website using PayPal. Please indicate each child's name along with programs (elementary or middle school) **ON ALL PAYMENTS!**

Cash, checks, money order/cashiers check's can be dropped off at our office in the lower level of CTK located at:

**1900 7th St. NW  
New Brighton, MN 55112**

Checks, money orders, cashier's checks can be made out to CPY.

## Scholarships

\_\_\_\_ Yes, I would like to apply for a scholarship from CPY. Please send me an application form. **Scholarships are available for afternoon program ONLY.**

**NOTE: Scholarship applicants must send the \$25 registration fee with this registration form, unless your child is attending summer school in Mounds View School District. Proof of summer school eligibility and registration is required.**

**SI: June 11<sup>th</sup>—June 29<sup>th</sup>  
Closed week of July 2<sup>nd</sup>-6<sup>th</sup>!  
SII: July 9<sup>th</sup>—August 3<sup>rd</sup>**

## Friday Fun Day

This summer our Friday program will be changing to a full day option only! This change will allow us to provide better and bigger program opportunities for everyone registered for Fridays. While there are no scholarships available for Fridays, there is a discount for those who register early. Please contact us for more information!

- Weekly field trips (instead of every 3 weeks like previously)
- Longer field trip stays
- \$30 per Friday per youth if registered by April 30th (\$45 if registered after April 30th)
- Transportation available for 55112 area (Drop off only)
- Limited number of spots available so sign up NOW!

### Field Trips Lined Up for Fridays include:

- Nickelodeon Universe
- Urban Air
- Wild Mountain
- Bunker Beach
- And MORE!



# Community Partners with Youth

## 2018 Summer Registration

Garden View/Oak Grove/Aspen Glenn/Arden Manor

1900 7<sup>th</sup> Street NW · New Brighton, MN 55112

Phone: 651-633-6464 E-mail: cpymn@cpymn.org

Name(s) of Youth:	Date of Birth:	Gender	Race/Ethnicity: <small>A=ASIAN C=CAUCASIAN AA=AFRICAN AMER. AI=AMERICAN INDIAN PI=PACIFIC ISLANDER H/L=HISPANIC/LATINO M=MIXED O=OTHER</small>	Please circle upcoming grade for Fall of 2018	On Free/Reduced Lunch: <i>(Records Required)</i>
	___/___/___	M F	A C AA AI PI H/L M O	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> 5 <sup>TH</sup> 6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup> 9 <sup>TH</sup>	Y N
	___/___/___	M F	A C AA AI PI H/L M O	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> 5 <sup>TH</sup> 6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup> 9 <sup>TH</sup>	Y N
	___/___/___	M F	A C AA AI PI H/L M O	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> 5 <sup>TH</sup> 6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup> 9 <sup>TH</sup>	Y N
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ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF PARENT(S)/GUARDIAN(S) CHILD RESIDES WITH:	HOME PHONE:	WORK PHONE:	CELL PHONE:
_____	( )	( )	( )
_____	( )	( )	( )

EMAIL ADDRESS: (by providing an email address, you are consenting to be added to our email newsletter, where we send out program updates, news, and closings)

EMERGENCY CONTACTS: (must list 2 other than parents)	RELATIONSHIP	PICK UP AUTHORIZATION	HOME PHONE:	WORK PHONE:	CELL PHONE:
1. _____	_____	Y N	( )	( )	( )
2. _____	_____	Y N	( )	( )	( )
3. _____	_____	Y N	( )	( )	( )
4. _____	_____	Y N	( )	( )	( )

<b>HEALTH HISTORY</b>	PHONE:	INSURANCE CARRIER:	POLICY/GROUP #:
FAMILY DOCTOR: _____	_____	_____	_____

**REQUIRED IMMUNIZATION INFORMATION:** Please attach Immunization Records for each child registered or indicate date of most recent vaccinations OR  Conscientious Objector.

Child's Name: \_\_\_\_\_

DTP \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ HIB \_\_\_\_\_ VAR \_\_\_\_\_ Hep B \_\_\_\_\_ Hep A \_\_\_\_\_ PCV \_\_\_\_\_

Child's Name: \_\_\_\_\_

DTP \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ HIB \_\_\_\_\_ VAR \_\_\_\_\_ Hep B \_\_\_\_\_ Hep A \_\_\_\_\_ PCV \_\_\_\_\_

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Child's Name: \_\_\_\_\_

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ANY CHILDREN TAKING MEDICATION?\* Y N IF YES, PLEASE LIST CHILD/CHILDREN AND MEDICATION(S):

\*If medication needs to be administered during program, a Medication Permission Form MUST be completed. Call CPY for this form!

PLEASE LIST ANY CHILDREN WITH ALLERGIES, DIETARY RESTRICTIONS (no pork, gluten free, etc.), OR SPECIAL NEEDS:

OTHER HEALTH/BEHAVIORAL CONCERNS OR INFORMATION CPY SHOULD BE AWARE OF:

**Child Name:** \_\_\_\_\_ **Summer School Site:** \_\_\_\_\_

**Session One** AM  PM  FRI

**Session Two** AM  PM  FRI

**Week 1**  
June 11-15  
 M  
 T  
 W  
 Th  
 F

**Week 2**  
June 18-22  
 M  
 T  
 W  
 Th  
 F

**Week 3**  
June 25-29  
 M  
 T  
 W  
 Th  
 F

**Week of July 4th**  
July 2-6  
**CPY will be closed this week!**

**Week 4**  
July 9-13  
 M  
 T  
 W  
 Th  
 F

**Week 5**  
July 16-20  
 M  
 T  
 W  
 Th  
 F

**Week 6**  
July 23-27  
 M  
 T  
 W  
 Th  
 F

**Week 7**  
July 30-Aug 3  
 M  
 T  
 W  
 Th  
 F

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**Session Two** AM  PM  FRI

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<b>Child Name:</b> _____				<b>Summer School Site:</b> _____			
<b>Session One</b>		AM <input type="checkbox"/> PM <input type="checkbox"/> FRI <input type="checkbox"/>		<b>Session Two</b>		AM <input type="checkbox"/> PM <input type="checkbox"/> FRI <input type="checkbox"/>	
<b>Week 1</b> June 11-15 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<b>Week 2</b> June 18-22 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<b>Week 3</b> June 25-29 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<b>Week of July 4th</b> July 2-6  <b>CPY will be closed this week!</b>	<b>Week 4</b> July 9-13 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<b>Week 5</b> July 16-20 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<b>Week 6</b> July 23-27 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<b>Week 7</b> July 30-Aug 3 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

My signature below indicates that I understand and agree to the following:

- I am aware of the payment fees for the program.
- I agree to the terms of the payment plan and agree to have all payments in by the Mon prior to the week of participating week(s) with exception of payment for first week which is due by May 25, 2018.
- I understand that my child/children's participation in program will be at jeopardy if balance is not cleared.
- I understand that any cancelation or changes to dates of participation must be made two weeks in advance or charges will still apply.
- Changes must be made in writing either in person at our office or through e-mail at cpymn@cpymn.org.
- I agree that should any registration information change, I will notify CPY of those changes immediately.
- I agree to the terms of the parent handbook.  
 \*Parent handbooks are given at time of registration or you can find it on our website at www.cpymn.org

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

Print Name \_\_\_\_\_

**Transportation**  
 Pick up is **ONLY** available for those attending the afternoon program within the 55112 area. Must be registered by May 25th, 2018 to be eligible for transportation. Limited number of stops!

Pick Up Address: \_\_\_\_\_  
 (only for PM Program)

Drop Off Address: \_\_\_\_\_  
 (if different from above)

Need pick up transportation to afternoon program (\$5/week per child)

Need drop off transportation from afternoon program (\$5/week per child)

Need transportation from ABS to CTK for pick up (\$5/week per child)

How many children need transportation? \_\_\_\_\_  
 Please fill in the days of the week transportation is needed to and from afternoon program:  
 Pick Up  Mon  Tue  Wed  Thu No pick up available on Fridays  
 Drop Off  Mon  Tue  Wed  Thu  Fri

\* Only "Drop Off" is available for Fridays.

**OFFICE USE ONLY**

Transportation:  
 \_\_\_ Pick Up \_\_\_ Drop Off \_\_\_ BOTH # of youth \_\_\_\_\_

Bust Stop: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Pick Up \_\_\_\_\_ Drop Off \_\_\_\_\_

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_

Release Forms Signed  
 Summer School Verification Forms (if applicable)

**FEES**  
 Total Per Week SI=\$ \_\_\_\_\_ Breakdown: \_\_\_/Day+ \_\_\_Trans  
 Total Per Week SII=\$ \_\_\_\_\_ Breakdown: \_\_\_/Day+ \_\_\_Trans

Registration Fee Paid Pmt. Form \_\_\_\_\_  
 Payment for first week paid Pmt. Form \_\_\_\_\_  
 Rates Form completed and signed  
 Invoiced

**Office Use Only:** Date Rcv'd: \_\_\_\_\_ Date Entered: \_\_\_\_\_