



Community Partners with Youth

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

Summer 2018

Program Fees:

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 30th:

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

Register after April 30th:

- 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 30th:

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

Register after April 30th:

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

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

**Residents of Garden View, Arden Manor, Aspen Glenn and Oak Grove may be eligible for additional discounts for afternoon programming Monday-Thursday.

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 made 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 11th—June 29th
Closed week of July 2nd-6th!
SII: July 9th—August 3rd**

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

1900 7th 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 ST 2 ND 3 RD 4 TH 5 TH 6 TH 7 TH 8 TH 9 TH	Y N
	___/___/___	M F	A C AA AI PI H/L M O	1 ST 2 ND 3 RD 4 TH 5 TH 6 TH 7 TH 8 TH 9 TH	Y N
	___/___/___	M F	A C AA AI PI H/L M O	1 ST 2 ND 3 RD 4 TH 5 TH 6 TH 7 TH 8 TH 9 TH	Y N
	___/___/___	M F	A C AA AI PI H/L M O	1 ST 2 ND 3 RD 4 TH 5 TH 6 TH 7 TH 8 TH 9 TH	Y N
	___/___/___	M F	A C AA AI PI H/L M O	1 ST 2 ND 3 RD 4 TH 5 TH 6 TH 7 TH 8 TH 9 TH	Y N

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	()	()	()

HEALTH HISTORY FAMILY DOCTOR:	PHONE:	INSURANCE CARRIER:	POLICY/GROUP #:
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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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 DTP _____ MMR _____ Tetanus _____ Polio _____ HIB _____ VAR _____ Hep B _____ Hep A _____ PCV _____

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Child's Name: _____
 DTP _____ MMR _____ Tetanus _____ Polio _____ HIB _____ VAR _____ Hep B _____ Hep A _____ PCV _____

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

Child Name: _____ **Summer School Site:** _____

Session One AM PM FRI

Session Two AM PM FRI

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

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June 18th-22nd
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 T
 W
 Th
 F

Week 3
June 25th—29th
 M
 T
 W
 Th
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 W
 Th
 F

Week 6
July 23rd- 27th
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 W
 Th
 F

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 T
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 Th
 F

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

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