

PAYMENT METHOD:

PUNCH PASS TOTAL \$ _____

Circle Payment Type:

Cash Check # _____ Visa / MC / Discover / AMEX

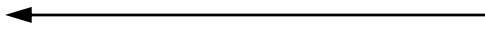
Card # _____

Expiration Date: _____ / _____

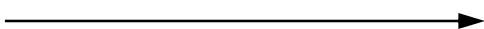
(Print full name that appears on the card.)

X _____

REG. STAFF (initial & date): _____



OFFICE USE ONLY





Carol Stream Park District Kids Care 5-Day Punch Pass Renewal 2009-2010 School Year

PLEASE FORWARD TO THE BEFORE /AFTER CARE STAFF

Fax: CS—630/ 462-9104 CD—630/ 784-1427 EJ—630/ 830-0442
 HL—630/ 830-3281 RD—630/ 462-9192 WT—630/ 462-9354

Please use one form per family

(1)Child's Name: _____ Child's Grade _____

(2)Child's Name: _____ Child's Grade _____

(3)Child's Name: _____ Child's Grade _____

Home Phone # : _____

School Location: _____

Start Date: _____

Authorized By: _____ Emergency Forms attached (page 5 & 6)
 (Faxed by/date) Emergency Forms should already be at the site

This side for registration staff use only.

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Punch Pass—maximum 5 Punch Passes per purchase						1 pass = 5 visits
	PASSES	Punch 1	Punch 2	Punch 3	Punch 4	Punch 5
TOTAL # OF PASSES PURCHASED _____	1					
	2					
	3					
	4					
	5					

Registration Staff:

- √ **Indicate** the total number of punch passes that were purchased. Limit 5 punch passes per purchase.
- √ **Write in** the child's name, grade, school and start date at the top.
- √ **Fax this side only** (along with emergency forms if needed) to appropriate school site.

Before/After Care Staff:

- √ Write the dates of attendance in the boxes above.
- √ This form is valid only for the maximum number of passes that is indicated above.
- √ Inform parent/guardian when a new punch pass needs to be purchased.
- √ Submit completed passes to the Kids Care Office.