

**KIDS CARE BEFORE/AFTER SCHOOL**  
**PAYMENT POLICY AND PROCEDURE INFORMATION**

**PAYMENT SCHEDULE 2009-2010**

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|    | <u>MONTH</u>  | <u>PAYMENT DUE DATE</u>                               |
|----|---------------|---|
| 1) | Aug/September | Tuesday, September 1, 2009                            |
| 2) | October       | Thursday, October 1, 2009                             |
| 3) | November      | Sunday, November 1, 2009                              |
| 4) | December      | Tuesday, December 1, 2009                             |
| 5) | January       | Friday, January 1, 2010                               |
| 6) | February      | Monday, February 1, 2010                              |
| 7) | March         | Monday, March 1, 2010                                 |
| 8) | April         | Thursday, April 1, 2010                               |
| 9) | May           | <b>* PAID AT REGISTRATION</b>                         |
|    | June          | No Payment Due unless days of attendance exceeds 181. |

**IMPORTANT PAYMENT INFORMATION**

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- \* Payments are NOT accepted at any of the schools - NO EXCEPTIONS
  - \* 1st late payment penalty = \$20
  - 2nd late payment penalty = \$45
  - 3rd late payment penalty = **EZ Pay required to continue participation in the program**
  - \* Any late payment that does not include the late fee will be considered an incomplete payment.
  - \* Monthly installments are based on 181 days of school and represent nine equal monthly payments.
  - \* Payment amounts already include discounts for school holidays, breaks, and other non-attendance days.
  - \* Payments must be accompanied by a completed slip, slips are located at the Site or the Simkus Center.
  - \* Make checks payable to the Carol Stream Park District.
  - \* Consistent late payments and/or non-payment may result in suspension from one and/or all CSPD programs.
  - \* Changes of enrollment can be made at your child's Site or with the Service Team Staff.
  - \* If you have any payment questions or concerns, please direct them to the Service Team Staff @ 630-784-6100.
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**MAKING A PAYMENT**

**You may remit your payment in one of five ways:**

- 1) You may sign up for EZ Pay to have your Visa/MC/Discover/AMEX or your checking/savings account debited directly and avoid late fees.
- 2) You may drop off your payment at: **Simkus Recreation Center**  
**849 Lies Road**  
**Carol Stream, IL 60188**  
(Hours: M-F 8 am - 10pm, Sat. 8 am - 6 pm, Sun. 8 am - 5 pm)
- 3) You may send in your payment via the mail to the location mentioned above.
- 4) You may drop off your payments in the drop box located in front of the Simkus Center.
- 5) You may fax a completed payment slip with Credit Card # to 630/ 289-1972.

**\* In cases 3 & 4 please mark the envelope with the following:**  
KIDS CARE BEFORE/AFTER



CAROL STREAM PARK DISTRICT

Kids Care Before and After School Care

REGISTRATION FORM 2009-2010

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M F

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

My child attends \_\_\_\_\_ D93 School

Please register my child for the following attendance schedule:

Table with columns: Program, Mon, Tue, Wed, Thu, Fri. Rows: BEFORE CARE, AFTER CARE.

- If you are registering AFTER the School Year has begun...
• Allow 48 business hrs to process.
• Include pymt for current month.
• Call for a prorated amount.
• LIST DESIRED START DATE: \_\_\_\_\_

Program Details:

\*Please refer to the Kids Care Parent Handbook for specific program Policies and Procedures\*

Minimum/Maximums & Locations: Subject to change based on space, staff and enrollment.

Age Requirement: Entering K through 5 only, not to exceed 12 years old by September 1st.

Fees:
Before Care—\$8.50 per day
After Care—\$10.00 per day
Before and After Care—\$15.00 per day
Total program fees are calculated based on the # of days registered for multiplied by the total days of care that school is in session.

Program Hours:
Before - 6:45am to 9:00am
After - 3:30pm to 6:30pm
Location:
At the District 93 school your child attends

Registration Codes:
Carol Stream—17807
Cloverdale—17808
Elsie Johnson—17809
Heritage Lakes—17810
Roy DeShane—17811
Western Trails—17812

Waiver and Release

Please read carefully and be aware that in registering yourself or your minor child/ward in the above program, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program.

I understand that my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotape of my child/ward or me to be used to promote the Carol Stream Park District and such photos and video will be the property of the Carol Stream Park District.

Kids Care Programs Parent Handbook

I understand that in registering for this program, operated by Carol Stream Park District in cooperation with CCSD 93, I will be giving consent to share information pertaining to the registered participant between the two afore mentioned parties relevant for the child's success.

Signature: x \_\_\_\_\_

Date: \_\_\_\_\_

# KIDS CARE BEFORE/AFTER SCHOOL

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

Home #: \_\_\_\_\_

## PAYMENT DETAILS

### Monthly Payments:

The total cost of the Kids Care Before and After School Care program will be divided into nine equal monthly payments, due the first day of each month. Families will be notified of their exact monthly payment after the child's registration is processed. All monthly amounts due will be listed on the confirmation receipt that will be mailed to the child's home. The computer will automatically calculate the monthly payment based on how many days of school there are in the current year and what attendance schedule your child is registered for. *A typical school year is 181 days.*

### Payment Due at Registration:

Full payment due at registration includes: 1) Last Month in advance, and 2) Current Month, prorated if needed. If registration is completed before September 1, 2009, only the last month is due in advance.

### EZ Pay Payment Plan Option:

Avoid late fees! Sign up for the EZ Pay payment plan option to have your credit card or your bank account debited automatically.

### Third Party Billing Available:

With both parent/guardian's permission, we can split the child(ren)'s registration fees between the two separate accounts. The child(ren) will still only be registered under a primary account, to easily track their registrations, but a second account will share the cost of the program. Both accounts can be registered for the EZ pay option. The benefit of this new feature is to provide a way to simplify payment tracking for our customers, including separate account statements and separate tax statements.

## MAKING A PAYMENT

### You may remit your payment in one of five ways:

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- 2) You may Drop off your payment at: **Simkus Recreation Center**  
**849 Lies Road**  
**Carol Stream, IL 60188**  
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## PAYMENT ACKNOWLEDGMENT

I understand the payment information listed above. Further, I understand that in registering for the Kids Care Programs, I agree to comply by all payment policies and procedures as outlined here and in the parent handbook. I am aware that if I do not complete the EZ Pay Form (pg. 3), then I am electing to be responsible for submitting monthly payments via a payment slip by the due dates above and will be responsible for any applicable late fees after the first of each month. *(This information, the payment schedule and Important Payment Information is listed on the cover page of this registration packet, as well as in the Parent Handbook.)*

Signature Required x \_\_\_\_\_ Date \_\_\_\_\_

### \*Office Use Only\*

| PAYMENT DUE AT <u>REGISTRATION</u>      |                      | FEES | Total Received \$ _____<br><br>Initial/Date _____ |
|---|----------------------|------|---|
| <b>Before / After<br/>School Care</b>   | 1) Last Month Fee    |      |   |
|   | 2) Current Month Fee |      |   |
| <b>TOTAL PAYMENT DUE @ REGISTRATION</b> |                      |      |   |

← COMPLETE BOTH SIDES →



CAROL STREAM PARK DISTRICT

Kids Care Programs

EMERGENCY INFORMATION FORM

D93 School: \_\_\_\_\_ Check:  BEFORE CARE  AFTER CARE

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M F

Entering Grade: K 1 2 3 4 5 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do both Parents have Custody of the Child?

Circle One: YES NO — If no, ....

Please circle the custodial parent: Mother / Father / Guardian

\* Individuals listed above with custody already have authorization to pick up & do not need to be listed on the reverse side.

Please indicate below any allergies/dietary restrictions, medical concerns, medications, fears or any other information you feel would benefit your child's counselors. Lack of detailed information compromises the staff's ability to successfully accommodate your child. The Carol Stream Park District is not responsible for any injuries, complications, damages or losses due to lack of information provided. Many resources and adaptations are available to assist your child.

Allergies/Dietary Restrictions: \_\_\_\_\_

Medical Concerns/Medications: \_\_\_\_\_

(If your child requires medication, please ask for a Permission to Dispense Medication Form)

Fears/Misc. Info: \_\_\_\_\_

Does your child have special needs or need one-on-one assistance? Circle One: YES NO

If yes, please give details: \_\_\_\_\_

Signature Required: x \_\_\_\_\_ Date: \_\_\_\_\_



**CAROL STREAM PARK DISTRICT  
Kids Care Programs**

**EMERGENCY CONTACT & RELEASE FORM**

Parents/Guardians listed on the front with custody already have authorization to pick up the child. Please list below, siblings, nearest relatives or friends including parents without custody to authorize them to be able to pick-up your child. All individuals must present a picture I.D. at all times in order for your child to be released into their custody. In custodial situations, the custodial parent must approve all additions and/or changes to the authorized individuals below.

**\*\*At least 1 contact should be within a 5 mile radius in case of emergency.**

**Child's Full Name:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

|                        |              |
|------------------------|--------------|
| **1.) Name:            | Home #:      |
| Relationship to child: | Alternate #: |
| 2.) Name:              | Home #:      |
| Relationship to child: | Alternate #: |
| 3.) Name:              | Home #:      |
| Relationship to child: | Alternate #: |
| 4.) Name:              | Home #:      |
| Relationship to child: | Alternate #: |
| 5.) Name:              | Home #:      |
| Relationship to child: | Alternate #: |

List any individuals that **DO NOT** have authorization to pick up your child.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**If unable to contact a parent/guardian, and if necessary, we will call emergency medical services (911) and your child will be transported to the nearest hospital at the parent/guardian's expense.**

Primary Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_  
 Primary Hospital: \_\_\_\_\_ Hospital Phone #: \_\_\_\_\_

I do hereby authorize the Carol Stream Park District to release my child to the above listed persons in the event that I am unable to pick up my child myself. I release the Carol Stream Park District from any and all responsibility once my child has been released into the custody of these above individuals.

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

**Signature Required:** x \_\_\_\_\_ **Date:** \_\_\_\_\_