



Carol Stream Park District

Kids Care Days Off Club

2009-2010

Child's Last Name _____ First Name _____ Home # _____

Address _____ City _____ Zip _____

Mother's Name _____ Work # _____ Cell # _____

Father's Name _____ Work # _____ Cell # _____

Birth Date _____ School _____ Grade K 1 2 3 4 5

Kids Care Days Off Club Emergency Form must also be completed at time of registration see page #2 & #3).

ADVANCED REGISTRATION & PAYMENT REQUIRED
Please see the Kids Care Parent Handbook for complete policies.

Sign In/Out Required: By a Parent/Guardian.
 Late/Early Fees: \$5.00 for the first ten minutes that exceed registered times, a \$1.00 per each additional minute.

Min/Max: Day Off –10 min, Extended Care –7 min
 Lunch & Drink Required: Clearly label with child's name. Additional snacks from home are welcome.

Activity Time: Please be prompt as transportation will

Please note: All Kids Care Days Off Club dates follow the District 93 school calendar. Many dates coincide with other school districts such as, U-46, #200, and #25.

Date	Day	Location	Before Care 6:45am-9:00am \$7 /9 r/nr	Days Off 9:00am-4:00pm \$35 /39 r/nr	Activity Only 12:00pm-4:00pm \$19 /29 r/nr	After Care 4:00pm-6:30pm \$7 /9 r/nr	Code
1/18	M	Simkus					17825
2/15	M	Simkus					17826
2/26	F	Simkus					17827
3/12 <i>Waiver Needed</i>	F	Simkus			<i>Waiver Needed</i>		17828
3/29 <i>Waiver Needed</i>	M	Simkus			<i>Waiver Needed</i>		17829
3/30	TU						17830
3/31	W						17831
4/1	TH						17832
4/2	F						17833

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 recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Carol Stream Park District and its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of any of the programs. I have read and fully understand the above program details and waiver and release of claims. 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.

Signature: x _____ Date: _____

Kids Care Programs Parent Handbook: A handbook is available at the registration desk. In registering for this program, you will be required to abide by and support the policies and procedures outlined in the Kids Care Programs Parent Handbook as related to your child's participation in the Kids Care Programs. Please review and explain all applicable policies and procedures to your child in order to reinforce your support of the policies and procedures outlined in handbook.

PAYMENT METHOD: **Total Amount:** _____

Please Circle: Cash Check # _____ Visa / MC/Discover/AMEX

Card # _____

Expiration Date: _____ / _____ V-Code: _____
(Listed on the back of the card)

Print full name that appears on the card.

X _____

Office Use Only: Processed in CLASS by: _____



CAROL STREAM PARK DISTRICT
Kids Care Programs
DAYS OFF CLUB EMERGENCY INFORMATION FORM

D93 School: _____

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 #: (____) _____ - _____

Guardian's Name: _____
 Work #: (____) _____ - _____
 Cell #: (____) _____ - _____

Father'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
DAYS OFF CLUB 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:** _____