

Carol Stream Park District Kids Care 5-Day Punch Pass Program

Thank you for choosing the Kids Care 5-Day Punch Pass Program.

RENEWAL PROCESS INFORMATION

Please note that you are responsible for:

- monitoring the number of days you have remaining
- for renewing your punch passes as needed
- paying in advance, prior to attending
- notifying the site when attending

RENEWAL OPTIONS:

1.) **RENEWAL FORM**

- The Renewal Form is available at the Simkus Recreation Center and at the program site or you may obtain one by calling the registration desk at the number below to have one mailed or faxed.
- Complete and submit the Renewal Form with payment each time you need to purchase new passes.
- You may mail-in, fax or drop-off the Renewal Form to the: Simkus Recreation Center
849 Lies Road Carol Stream, IL 60188
Phone #: 630/ 784-6100
Fax #: 630/ 289-1972

2.) **AUTOMATIC PAYMENT FORM**

- Complete the EZ Pay Form on page 3.
- Please note it is still the responsibility of the parent/guardian to monitor their punch pass usage and needs when using this renewal option. Punch Passes will not be automatically renewed.
- This method enables you to call in your punch pass purchases.
- Please call the Carol Stream Park District Registration Desk at 630/ 784-6100.
- Please mention the following when calling:
 - * Your Child's First & Last Name
 - * Any siblings if you need passes for them
 - * Exactly how many punch passes you need

For Complete Policies and Procedures, please refer to the Kids Care Parent Handbook.

Please call the Kids Care Office with any questions at 630/ 784-6134.



Carol Stream Park District Kids Care Punch Pass Registration Form 2009-2010 School Year

Child's Last Name: _____ First Name: _____ Age: _____ Sex: M F
 Grade: K 1 2 3 4 5 Birth Date: _____ Home #: _____
 Address: _____ City: _____ Zip: _____
 Mother's Name: _____ Work #: _____
 Father's Name: _____ Work #: _____



**For complete policies and procedures
please refer to the Kids Care Parent Handbook.**

- ✓ **Advanced Purchase Required.** We require 48 business hrs.
- ✓ **Attendance Policy** listed on cover page.
- ✓ **Refund Policy:** A Punch Pass is valid only for the current school year. No Refunds granted for unused punches on a pass.
- ✓ **Maximum:** Limited to 10 participants per school per program.

LIST DESIRED START DATE: _____

PAYMENT METHOD:

Punch Pass Total _____

TOTAL DUE _____

Circle Payment Type:
 Cash Check # _____
 Visa / MC / Discover / AMEX
 Card # _____
 Expiration Date: _____ / _____

 (Print full name that appears on the card.)
 X _____

<i>Indicate the type and number of passes.</i>	BEFORE and/or After CARE
HOURS	6:45—9:00 am 3:30—6:30pm
FEE	\$49.00
Carol Stream School	
Cloverdale School	
Elsie Johnson School	
Heritage Lakes School	
Roy De Shane School	
Western Trails School	

Office Use Only:
 REG. STAFF (initial & date): _____

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.

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. Further, I understand that I will be required to abide by and support the policies and procedures outlined in the Kids Care Programs Parent Handbook as related to my child's participation in the Kids Care Programs. I also agree to review and explain all applicable policies and procedures to my child in order to reinforce my support of the policies and procedures outlined in the Kids Care Programs Parent Handbook.

Signature: x _____ Date: _____



Kids Care 5-Day Punch Pass

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

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

Punch Pass—maximum 5 Punch Passes per purchase

	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.

This side for registration staff use only.

This side for registration staff use only.



CAROL STREAM PARK DISTRICT
Kids Care Programs
EMERGENCY INFORMATION FORM

School: _____ **Check:** BEFORE CARE AFTER CARE

Teacher's Name: _____ Classroom #: _____

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**

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 #: _____
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Relationship to child: _____	Alternate #: _____
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2.) Name: _____	Home #: _____
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Relationship to child: _____	Alternate #: _____
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3.) Name: _____	Home #: _____
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Relationship to child: _____	Alternate #: _____
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4.) Name: _____	Home #: _____
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Relationship to child: _____	Alternate #: _____
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5.) Name: _____	Home #: _____
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Relationship to child: _____	Alternate #: _____
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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: _____