



Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Entering Grade \_\_\_\_\_

Main Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**CCSD93 School:**

- Carol Stream  
  Cloverdale  
  Elsie Johnson  
  Heritage Lakes  
  Roy DeShane  
  Western Trails

**Register my child for the following attendance schedule:**

	Daily Rates	Tuesday	Thursday	Wednesday	Friday
<b>Before Care</b> 6:30-8:45am	\$9.52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After Care</b> 2:15-6:30pm	\$17.34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Before &amp; After Care</b>	\$21.85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Start Date (MM/DD/YY)** \_\_\_\_\_ *Registration is required a minimum of 24 business hours prior to start date.*

**PAYMENT INFORMATION**

Daily rates are listed. NEW FOR 2020: Fees will vary by month based on the number of scheduled attendance days. Registration is available for the school year; daily, weekly, and monthly options are not offered.

\$25 non-refundable enrollment fee and payment for the first month are due at registration. All subsequent payments will be automatically withdrawn mid-month for the following month's participation. Monthly fees and scheduled payment dates are posted on the ActivKids webpage and in the Parent Handbook. Completion of an Automatic Payment Request Form is required with registration.

Pay all program fees in full at time of registration and receive one free week of your child's registration fees. In order to receive discount registration must be done in person or via phone with Registration Services staff.

**PROGRAM HOURS FOR 2020-2021**

Before Care: 6:30am - 8:45am

After Care: 2:15pm - 6:30pm

Before & After Care is only available on your child's designated in-school learning days.

**ACTIVKIDS PROGRAM PARENT HANDBOOK/ACTIVTIME PERMISSION**

I understand that I will be required to abide by and support the standards and procedures outlined in the ActivKids Program Parent Handbook, available online at [csparks.org/activkids](http://csparks.org/activkids), as related to my child's participation in the ActivKids Program. I also agree to review and explain all applicable standards and procedures to my child in order to reinforce my support of the standards and procedures outlined in the ActivKids Program Parent Handbook. I give permission for my child to participate in all ActivTime Activities during the program.

**REGISTRATION WAIVER & RELEASE IMPORTANT INFORMATION**

The Carol Stream Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Carol Stream Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the above listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Carol Stream Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the programs listed above, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume full risk of any and all injuries, damages or loss, regardless of severity, that my minor/child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Carol Stream Park District, including its officials, agents, volunteers and employees. I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature. Participation will be denied if the signature of adult participant or parent/guardian and date are not on the waiver. 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.

<b>Parent/Guardian Name (Print)</b>	
<b>Parent/Guardian Signature</b>	<b>Date MM/DD/YY</b>

<b>INTERNAL USE ONLY</b>	
STAFF INITIAL _____	
DATE / / TIME _____	



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D93 School

- Carol Stream, Cloverdale, Elsie Johnson, Heritage Lakes, Roy DeShane, Western Trails



I hereby authorize the School District to release to the Park District and WDSRA the following information relating to the Student: student record information relating to the Student's behavior, interventions, and accommodations. This information may be released verbally or in writing, by the School District and/or any of the School District's employees, to the Park District's ActivKids program Administrators and/or to WDSRA's program Administrators. Each program Administrator is hereby authorized to share verbal information with appropriate program staff, in the Administrator's discretion. The Carol Stream Park District and WDSRA are required to maintain the confidentiality of student record information, to prohibit unauthorized re-disclosures of such information, and to use such information only for purposes relating to the Student's participation in the programs.

In addition, I hereby authorize the Carol Stream Park District and WDSRA to release to each other and to the School District (and/or any of their employees) the following information relating to the Student: Information relating to the Student's participation in WDSRA programs and Park District ActivKids programs, and information relating to the Student's behavior, interventions, accommodations, services and activities in those programs. This information may be released verbally or in writing.

This release/exchange and sharing of information is authorized for the purpose of determining appropriate services and activities for the Student, and to help the staff of the three agencies provide safe and successful Student experiences.

I understand that I have the right, upon request, to inspect, copy and challenge the contents of school student records prior to release, and the right to limit any consent for the release of school student records to designated records or designated portions of information in school student records. I also understand that I have the right to revoke this consent, in writing, at any time.

I certify that I am the Parent or Guardian of the above named Student, who has not yet reached the age of 18, graduated from secondary school, married or entered into military service.

Any copy of this consent shall be considered as valid as the original. This consent is valid until August 1, 2020.

Parent/Guardian Name (Print)
Parent/Guardian Signature Date MM/DD/YY

INTERNAL USE ONLY
STAFF INITIAL
DATE / / TIME



Parents/Guardians with custody have authorization to pick up the participant. List siblings, parents without custody, relatives, or friends who are also authorized to pick-up your child. All individuals must present a photo ID in order for your child to be released into their custody. Only the custodial parent(s) may approve additions or changes to the Authorized Contact and Release List.

**Child Information** ONE PARTICIPANT PER FORM

Child Name	Birthdate	Age	M/F	School	Current Grade	Entering Grade

**Parent/Guardian** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_ Add'l Phone \_\_\_\_\_

**Parent/Guardian** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_ Add'l Phone \_\_\_\_\_

Do both parents have custody?  Yes  No

**Address** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Authorized Contacts**

Minimum of one authorized person other than the child's parent/s must live within five miles of the program.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**NOT AUTHORIZED TO PICK UP**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

I 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.

INTERNAL USE ONLY

\_\_\_\_\_  
STAFF INITIAL      \_\_\_\_\_  
DATE

**Parent/Guardian Name** (Print)

\_\_\_\_\_

**Parent/Guardian Signature**      **Date** MM/DD/YY

\_\_\_\_\_



## Participant Information

Indicate below any information you feel would benefit Carol Stream Park District staff. Lack of detailed information compromises the staff's ability to successfully accommodate your child. 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; please keep us informed.

Child's Name \_\_\_\_\_

**ONE PARTICIPANT PER FORM**

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Are immunizations up to date?  Yes  No \_\_\_\_\_

### Allergies/Dietary Restrictions

### Medical Concerns & Medications

If your child has medication that may need to be administered by Carol Stream Park District staff or medication that may be self-administered (including asthma inhalers), a Permission to Dispense Medication Form must be completed.

### Behaviors, Fears & Miscellaneous

Yes, child has special needs or need one-on-one assistance.

If yes, provide details. Note that one-on-one aides must be requested at least two weeks in advance.

PROGRAM SUPERVISOR USE ONLY

\_\_\_\_\_  
STAFF INITIAL

\_\_\_\_\_  
DATE

PARENT VERIFIED DATE

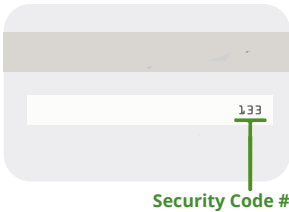
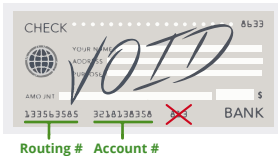
**Enrollment**

- New**
- Update**
- Backup**

**Enrollment For**

- ActivKids**
- Camp**
- Dance**
- Fitness**
- Forever Young**
- Preschool**
- Springers**
- Other**

Monthly payments for the following programs are due throughout the duration of the program or membership contract. Review your program's specific payment guidelines for details.



INTERNAL USE ONLY

STAFF INITIAL \_\_\_\_\_

DATE    /    /

Payment Plan Updated

Participant Name \_\_\_\_\_

 Organization Name *(if applicable)* \_\_\_\_\_

Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

**ECP Authorization** *(electronic check withdrawal from checking account)*

Account Holder's Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

I hereby authorize the Carol Stream Park District to process my monthly program fees by way of electronic check payment.

**Debit/Credit Card Payment Authorization**
 Debit Card     Credit Card     Business Card

*Business Card must include name of user or be accompanied by company letter of authorization that can be verified by phone.*

Card Holder's Name \_\_\_\_\_

 Card Number *(last 4 digits)* \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Security Code # \_\_\_\_\_

I hereby authorize the Carol Stream Park District to process my monthly program fees by way of debit/credit card.

**TERMS OF AUTOMATIC PAYMENT PLAN**

My monthly payment amount is outlined in my program's payment structure, and may fluctuate if I change my program registration in any way. **The start and end dates of this scheduled payment will follow the terms outlined in my program's payment guidelines and will be processed based on the program's specific payment plan.** Declined payments will be reprocessed for up to 10 business days.

I agree to maintain sufficient funds in my bank account or credit card account to cover each payment. I understand that if I choose to cancel my payment, it must be requested in writing 5 days prior to my next payment and I must make alternate payment arrangements. Any EZ Payment that fails to process will be assessed a non-sufficient funds fee, and may result in the forfeiture of the EZ Payment option. CSPD reserves the right to change or revoke the payment plan, or an individual's participation in the payment plan or program, with or without notice.

<b>Name</b> <i>(Print)</i>	
<b>Signature</b>	<b>Date</b> MM/DD/YY