



Registration | Request for Fall 2020

Child's Name _____ Gender _____ Grade _____

Main Contact Name _____ Phone _____ Email _____

School District _____ School _____

Start Date (MM/DD/YY) _____ *Start date of AM and PM Remote Learning sessions corresponds with the hybrid schedule based on your child's grade. Registration is required 72 hours for CCSD93 students in advance in order to accommodate transportation.*

Register my child for the following:

		Monday	Tuesday	Wednesday	Thursday	Friday
CCSD93 Group A	Hybrid Learning Childcare \$17.50/day (11 am-4 pm)	<input type="checkbox"/>				
	Hybrid Learning Childcare \$14.88/day (11:45 am-4 pm)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hybrid Learning After Care \$8.75/day (4-6:30 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCSD93 Group B	Hybrid Learning Childcare \$14/day (8 am-12 pm)	<input type="checkbox"/>				
	Hybrid Learning Childcare \$16.63/day (8 am-12:45 pm)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hybrid Learning PM Care \$5.25/day (2:30-4 pm)	<input type="checkbox"/>				
	Hybrid Learning After Care \$8.75/day (4-6:30 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Day Program	School Day Care \$26.25/day (8 am-3:30 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Care \$10.50/day (3:30-6:30pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schedule chosen at time of registration is in place the entire session. If your child's district returns to in-person learning before 12/18/2020, contact the registration desk at 630-784-6100 to withdraw from the program.

PAYMENT INFORMATION

Registration is available for the fall session. Schedule must be the same for the entire session. Weekly/Monthly options are not offered. Session fee can be paid in full at registration or via a payment plan with eight equal installments. A \$15 nonrefundable enrollment fee and payment for first 2 weeks are due at registration. All subsequent payments are automatically withdrawn every two weeks until 11/30/2020. If the school district begins in-person learning before 12/18/2020, future payments are canceled and a credit issued, if applicable. Scheduled payment amounts and dates are listed on the customer's receipt.

ACTIVKIDS PROGRAM PARENT HANDBOOK

I understand that I am required to abide by and support the standards and procedures outlined in the ActivKids Program Parent Handbook, available online at 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.

CALENDARS

The Remote Learning Program for CCSD93 students follows the CCSD93 school calendar. Days off have been removed from the program fees. Carol Stream Park District's Days Off program runs on most days that CCSD93 is not in school. See csparks.org for more details.

The full-day Remote Learning Program for all other district students follow the school calendar for Benjamin School District 25. Days off have been removed from the program fees.

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.

INTERNAL USE ONLY

Signature	_____	
	STAFF INITIAL	DATE

RETURN BY EMAIL: INFO@CSPARKS.ORG

RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188



Child's Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

School District _____ School _____

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, 2021.

INTERNAL USE ONLY
STAFF INITIAL _____
DATE / / TIME _____

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



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

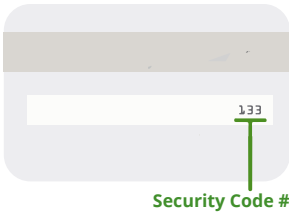
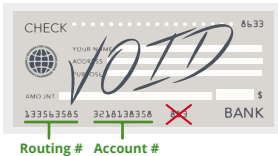
Enrollment

- 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.

Name *(Print)*

Signature **Date** MM/DD/YY