



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 _____ Birthdate _____

ONE PARTICIPANT PER FORM

Parent's Name _____ Cell Phone _____

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.



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

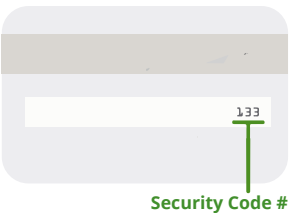
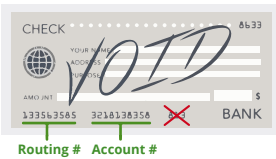
Parent/Guardian Name (Print)

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

Enrollment For

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

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.



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 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.

INTERNAL USE ONLY

STAFF INITIAL _____

DATE / /

Payment Plan Updated

Name (Print) _____

Signature _____ **Date MM/DD/YY** _____

RETURN BY EMAIL: INFO@CSPARKS.ORG
RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188