



Participant Name: _____

Flex Pass Registration | Request for School Year 2022-2023

Register my child for the following attendance schedule:

Select blue boxes for Before Care (BC) and gray boxes for After Care (AC).

72 hours notice, and payment for all dates selected is required for registration.

AUGUST				
Mon	Tu	Wed	Th	Fri
BC AC	BC AC	BC AC	BC AC	BC AC
15	16	17	18	19
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
22	23	24	25	26
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
29	30	31		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

SEPTEMBER				
Mon	Tu	Wed	Th	Fri
BC AC	BC AC	BC AC	BC AC	BC AC
			1	2
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	6	7	8	9
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12	13	14	15	16
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
19	20	21	22	23
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
26	27	28	29	30
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

OCTOBER				
Mon	Tu	Wed	Th	Fri
BC AC	BC AC	BC AC	BC AC	BC AC
3	4	5	6	7
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	11	12	13	14
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
17	18	19	20	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
24	25	26	27	28
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
31				
<input type="checkbox"/> <input type="checkbox"/>				

NOVEMBER				
Mon	Tu	Wed	Th	Fri
BC AC	BC AC	BC AC	BC AC	BC AC
	1	2	3	4
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7	8	9	10	11
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14	15	16	17	18
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
21	22			
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
28	29	30		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

DECEMBER				
Mon	Tu	Wed	Th	Fri
BC AC	BC AC	BC AC	BC AC	BC AC
			1	2
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5	6	7	8	9
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12	13	14	15	16
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

JANUARY				
Mon	Tu	Wed	Th	Fri
BC AC	BC AC	BC AC	BC AC	BC AC
	3	4	5	6
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9	10	11	12	13
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	17	18	19	20
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
23	24	25	26	27
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
30	31			
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			

FEBRUARY				
Mon	Tu	Wed	Th	Fri
BC AC	BC AC	BC AC	BC AC	BC AC
		1	2	3
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6	7	8	9	10
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13	14	15	16	17
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	21	22	23	24
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
27	28			
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			

MARCH				
Mon	Tu	Wed	Th	Fri
BC AC	BC AC	BC AC	BC AC	BC AC
		1	2	
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
6	7	8	9	10
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13	14	15	16	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	20	21	22	23
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				24
				<input type="checkbox"/> <input type="checkbox"/>

APRIL				
Mon	Tu	Wed	Th	Fri
BC AC	BC AC	BC AC	BC AC	BC AC
3	4	5	6	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
10	11	12	13	14
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
17	18	19	20	21
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
24	25	26	27	28
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

MAY				
Mon	Tu	Wed	Th	Fri
BC AC	BC AC	BC AC	BC AC	BC AC
1	2	3	4	5
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8	9	10	11	12
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
15	16	17	18	19
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
22	23	24		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		



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



Child's Name _____ Birthdate _____ Grade _____

CCSD93 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 for one year.

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

INTERNAL USE ONLY
STAFF INITIAL
DATE / / TIME