

2024-2025 School Year Daily Flex Pass Registration Request

| Childle Name | | Dirthdata | Crada Candar |
|---|--|-------------------------------|--|
| | | _ Birthdate | Grade Gender |
| Address | City | Stat | e Zip |
| Parent/Guardian's Name _ | | Email | |
| Cell Phone | | _ Add'l Phone | |
| Carol Stream Clove | erdale 🔲 Elsie Johnson | 🗌 Heritage Lakes 🔲 Roy | DeShane 🔲 Western Trails |
| Register my child for the | e following attendance s | chedule | DAYS TIMES DAILY RATES |
| Select blue boxes for Before Care (BC) seven days in advance. Payment for a | | | re Care M-F 6:30-8:45 am \$17 |
| may be available within seven days, v | , , | ional \$5. | r Care M 2:15-6:30 pm \$31 |
| | | | r Care Tu-F 3:45-6:30 pm \$20 |
| AUGUST M TU W TH F | SEPTEMBER M TU W TH F | OCTOBER M TU W TH F | NOVEMBER M TU W TH F |
| BC AC BC AC BC AC BC AC AC | BC AC BC AC BC AC BC AC BC AC | BC AC BC AC BC AC BC AC BC AC | BC AC BC AC BC AC BC AC BC AC |
| | 3 4 5 6 | | |
| 21 22 23 | 9 10 11 12 13 | 7 8 9 10 11 | 4 6 7 8 |
| 26 27 28 29 30 | | | |
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| | 23 24 25 26 27 | 21 22 23 24 25 | |
| | 30 | 28 29 30 31 | |
| DECEMBER | | FEBRUARY | MARCH |
| M TU W TH F | M TU W TH F | M TU W TH F | M TU W TH F |
| BC AC BC AC BC AC BC AC 2 3 4 5 6 | BC AC BC AC BC AC BC AC AC< | BC AC BC AC BC AC BC AC BC AC | BC AC BC AC BC AC BC AC BC AC 3 4 5 6 7 |
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| 9 10 11 12 13 | 13 14 15 16 17 | | |
| | 21 22 23 24 | 18 19 20 21 | |
| $\Box \Box $ | 27 28 29 30 31 | 24 25 26 27 | 24 25 26 27 28 |
| | | | REGISTRATION WAIVER & RELEASE |
| APRIL M TU W TH F | MAY M TU W TH F | JUNE M TU W TH F | IMPORTANT INFORMATION |
| BC AC BC AC BC AC BC AC | BC AC BC AC BC AC BC AC BC AC | BC AC BC AC BC AC BC AC BC AC | By registering, 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 |
| 7 8 9 10 11 | | 2 3 | child/ward might sustain as a result of participating in any and all activities associated with this program. You are required to abide by and support the standards |
| 14 15 16 17 | 5 6 7 8 9 | | and procedures outlined in the Parent Handbook. Full waiver and Parent Handbook are available online at |
| 21 22 23 24 25 | | Parent/Guardian Name | csparks.org/Activkids. PRINT |
| | | | |
| | | Parent/Guardian Signati | Date MM/DD/YY |
| | | L | INTERNAL USE ONLY |
| | | | For registrations within seven days, charge late fee and contact supervisor. |
| CAROL STREAM Park | District | | STAFF INITIAL DATE MM/DD/YY |
| | | | |