



2023-2024 School Year | Daily Flex Pass Registration Request

Child's Name _____ Birthdate _____ Grade _____ Gender _____

Main Contact Name _____ Phone _____

Email _____ Address _____

City _____ State _____ Zip _____

Carol Stream Cloverdale Elsie Johnson Heritage Lakes Roy DeShane Western Trails

Register my child for the following attendance schedule

Select blue boxes for Before Care (BC) and green boxes for After Care (AC).
Registration is required 7 days in advance. Payment for all dates is due at the time of registration. Emergency flex passes may be available within 7 days, with supervisor approval, for an additional \$5.

	DAYS	TIMES	DAILY RATES
Before Care	M-F	6:30-8:45 am	\$16
After Care	M	2:15-6:30 pm	\$30
After Care	Tu-F	3:45-6:30 pm	\$19

AUGUST				
M	TU	W	TH	F
BC AC	BC AC	BC AC	BC AC	BC AC
		16	17	18
21	22	23	24	25
28	29	30	31	

SEPTEMBER				
M	TU	W	TH	F
BC AC	BC AC	BC AC	BC AC	BC AC
				1
	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

OCTOBER				
M	TU	W	TH	F
BC AC	BC AC	BC AC	BC AC	BC AC
2	3	4	5	6
	10	11	12	13
16	17	18	19	
23	24	25	26	27
30	31			

NOVEMBER				
M	TU	W	TH	F
BC AC	BC AC	BC AC	BC AC	BC AC
		1	2	3
	6	7	8	9
13	14	15	16	17
20	21			
27	28	29	30	

DECEMBER				
M	TU	W	TH	F
BC AC	BC AC	BC AC	BC AC	BC AC
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22

JANUARY				
M	TU	W	TH	F
BC AC	BC AC	BC AC	BC AC	BC AC
8	9	10	11	12
	16	17	18	19
22	23	24	25	26
29	30	31		

FEBRUARY				
M	TU	W	TH	F
BC AC	BC AC	BC AC	BC AC	BC AC
			1	2
5	6	7	8	9
12	13	14	15	16
	20	21	22	23
26	27	28	29	

MARCH				
M	TU	W	TH	F
BC AC	BC AC	BC AC	BC AC	BC AC
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22

APRIL				
M	TU	W	TH	F
BC AC	BC AC	BC AC	BC AC	BC AC
	2	3	4	5
8	9	10	11	12
15	16	17	18	
22	23	24	25	26
29	30			

MAY				
M	TU	W	TH	F
BC AC	BC AC	BC AC	BC AC	BC AC
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	

REGISTRATION WAIVER & RELEASE IMPORTANT INFORMATION

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 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 and procedures outlined in the Parent Handbook. Full waiver and Parent Handbook are available online at csparks.org/Activkids.

Parent/Guardian Name PRINT	
Parent/Guardian Signature	Date MM/DD/YY

INTERNAL USE ONLY	
STAFF INITIAL	DATE MM/DD/YY