

STAFF INITIAL

DATE MM/DD/YY

Child's Name		_ Birthdate		Grade	Gender
Address					
Parent/Guardian's Name _		E	mail		
Cell Phone	Add'l Phone				
☐ Carol Stream ☐ Cloverdale ☐ Elsie Johnson ☐ Heritage Lakes ☐ Roy DeShane ☐ Western Trails					
Select blue boxes for Before Care (BC) boxes for early release days. Registra		2. Pavment			IMES DAILY FLEX PASS
for all dates is due at the time of regis within seven days, with supervisor ap	stration. Emergency flex passes may b		BEFORE CARE  AFTER CARE		8:45 am \$18 6:30 pm \$23
within seven days, with supervisor ap	proval, joi all additional \$5.	EARLY R	RELEASE DAYS Occasion		5:30 pm \$49
AUGUST	SEPTEMBER	остове	ER	1	NOVEMBER
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           20         21         22	BC         AC         BC         AC         BC         AC         BC         AC         BC         AC           2         3         4         5	BC AC BC AC BC AC	2 3	3 4	BC         AC         BC         AC           5         6         7
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	15 16 17 18 19	15	16 17	17 18	19 20 21
	22 23 24 25 26	20 21 22	23 24	24 25	
	29 30	27 28 29	30 31		
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M TU W TH F	JANUARY M TU W TH F	FEBRUAI M TU W	TH F	м ти	MARCH W TH F
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15 16 17 18 19	20 21 22 23	17 18	19 20	16 17	18 19 20
	26 27 28 29 30	23 24 25	26	23 24	25 26 27
APRIL  M TU W TH F	MAY  M TU W TH F	JUNE M TU W	TH F	IMPORTANT	ON WAIVER & RELEASE 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	of risk, waiver, and all procedures and	agree to and understand the warnin release of all claims and will abide b guidelines in the Parent Handbook.
7 8 9 10		1 2		and waiving and rel	ly assuming the risk and legal liabilit leasing all claims for injuries, damag r your minor child/ward might susta
13 14 15 16 17	4 5 6 7 8		-	as a result of partic associated with this	ipating in any and all activities s program. Full waiver and Parent lable online at csparks.org/Activkids.
20 21 22 23	11 12 13 14 15	Parent/Gua	ırdian Name P		able offinite at espainslong/recovidas
27 28 29 30	18 19 20 21 22				
	26 27 28 29	Parent/Gua	ırdian Signatu	ire	Date MM/DD/YY
				For registr	ERNAL USE ONLY rations within seven days, fee and contact supervisor.

MCAROL STREAM Park District