



2023-2024 School Year

Registration Request

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

**CCSD93 School**☐ Carol Stream ☐ Cloverdale ☐ Elsie Johnson ☐ Heritage Lakes ☐ Roy DeShane ☐ Western Trails

**Start Date** \_\_\_\_\_ *Registration is required a minimum of 7 days prior to start date.  
Emergency flex passes may be available within 7 days, with supervisor approval, for an additional \$5.*

**Register my child for the following attendance schedule for the school year:**

	DAYS	TIMES	DAILY RATES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>Before Care</b>	M-F	6:30-8:45 am	\$11.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After Care</b>	M	2:15-6:30 pm	\$22.50	<input type="checkbox"/>				
<b>After Care</b>	Tu-F	3:45-6:30 pm	\$14.50		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parent/Guardian Name** PRINT**Parent/Guardian Signature****Date** MM/DD/YY**REGISTRATION WAIVER & RELEASE  
IMPORTANT INFORMATION**

The Carol Stream Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Carol Stream Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the above listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment to consult a physician before undertaking any physical activity.

**PAYMENT INFORMATION**

Fees vary by month based on the number of scheduled attendance days. Registration is available for the full school year. For schedule changes, a change of enrollment fee is applied. For daily options, register with a flex pass. An Automatic Payment Request form is required with registration.

**WARNING OF RISK**

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Carol Stream Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS  
& ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the programs listed above, 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 connected with and associated with these programs (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs. I voluntarily agree to assume the entire risk of any and all injuries, damages, or loss, regardless of severity, that my minor/child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Carol Stream Park District, including its officials, agents, volunteers, and employees. I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature. Participation will be denied if the signature of an adult participant or parent/guardian and the date is not on the waiver. I understand that my child may be photographed or videotaped while participating in the above program(s). I permit photos and videotapes of my child/ward or me to be used to promote the Carol Stream Park District, and such photos and videos will be the property of the Carol Stream Park District.

**INTERNAL USE ONLY**

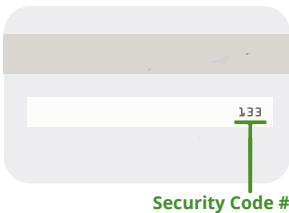
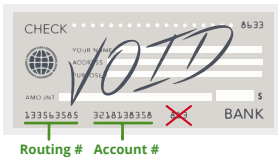
STAFF INITIAL

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 # \_\_\_\_\_

### Primary Debit/Credit Card Payment Authorization

Card Holder's Name \_\_\_\_\_

Card Number *(last 4 digits)* \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Security Code # \_\_\_\_\_

### Secondary Debit/Credit Card Payment Authorization

Card Holder's Name \_\_\_\_\_

Card Number *(last 4 digits)* \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Security Code # \_\_\_\_\_

### 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 primary bank account or credit card account to cover each payment. I understand that if my primary bank account or credit card account fails to process, my secondary bank account or credit card account will automatically be charged. 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 Automatic Payment that fails to process will be assessed a non-sufficient funds fee, and may result in the forfeiture of the Automatic Payment option. Carol Stream Park District 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.

**I hereby authorize the Carol Stream Park District to process my monthly program fees by way of electronic check payment or debit/credit card.**

**Name (Print)**

**Signature**

**Date MM/DD/YY**

#### INTERNAL USE ONLY

STAFF INITIAL \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Payment Plan Updated

**RETURN BY EMAIL: INFO@CSPARKS.ORG**

**RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188**