



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 72 business hours prior to start date. Emergency flex passes may be available within 72 hours, with supervisor approval, for an additional \$5.

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

Table with columns: DAYS, TIMES, DAILY RATES, MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY. Rows: Before Care, After Care, After Care.

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

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...

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.

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.

INTERNAL USE ONLY

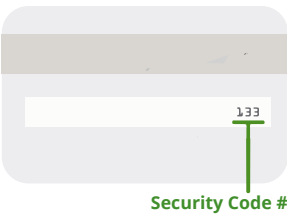
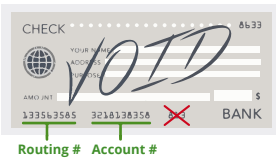
STAFF INITIAL

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.**

<b>Name (Print)</b>	
<b>Signature</b>	<b>Date MM/DD/YY</b>

**INTERNAL USE ONLY**

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

DATE    /    /

Payment Plan Updated