

**West Chicago Park District  
Keppler Academy  
Participant Information**

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ 3 or 4 year old program? \_\_\_\_\_ Gender \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Do both parents have custody: Yes No

If no, Who is the custodial parent/guardian? \_\_\_\_\_

**In case of emergency and we are unable to contact either parent**

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list any allergies (seasonal, food, medicines) we should aware of: \_\_\_\_\_

\_\_\_\_\_

Does your child use any medication that he/she will be bringing with them to the program?

\_\_\_\_\_

Are there any special needs your child has that may limit his/her success in the program?

\_\_\_\_\_

Is your child:

Shy \_\_\_\_\_ Quiet \_\_\_\_\_ Aggressive \_\_\_\_\_ Energetic \_\_\_\_\_

Any likes/dislikes or fears your child may have: \_\_\_\_\_

\_\_\_\_\_

Please circle days attending:

Monday Tuesday Wednesday Thursday Friday

**Your Child:** Child's Height: \_\_\_\_\_ Child's Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Birthmarks:

Participant's Name \_\_\_\_\_

**The following people have permission to pick up and transport my child:**

Name\_\_\_\_\_Relationship\_\_\_\_\_

Phone\_\_\_\_\_Cell Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_

Phone\_\_\_\_\_Cell Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_

Phone\_\_\_\_\_Cell Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_

Phone\_\_\_\_\_Cell Phone\_\_\_\_\_

Is there anyone restricted from picking up your child from the Program? \_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_

Please let us know of any changes that occur during the year regarding your information above.

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

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in The West Chicago Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the programs, including, but not limited to, field trips, and transportation services, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the West Chicago Park District programs and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which my child/ward or I may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims my child/ward or I may have against the Park District and its officials, employees, agents, servants and volunteers as a result of participating in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s).

I have read and fully understand the above program details and Waiver and Release of All Claims and Assumption of Risk

Parent/Guardian signature\_\_\_\_\_Date\_\_\_\_\_

I \_\_\_\_\_ have read and understand the following:

- The rules and consequences listed in the parent handbook.
- EFT After and Before School Program payments are charged the 1st of the month (Sept. through May). I understand that I may incur a \$35 late payment fee to be paid with the monthly payment if my card is declined, expired or if I fail to correct either issue before the 5<sup>th</sup> of any given month.
- The West Chicago Park District reserves the right to transfer your account from the EFT program to the Non-EFT program which requires full payment for the entire school year if habitual declines occur.
- **Summer Camp, Spring and Winter Camp** A child is not registered for the program unless the Park District has received payment. Credit Cards will not be automatically charged, I must call the office to make a payment prior to the deadline for each session. No refunds will be issued after the registration deadline (typically 7 days prior to the start of the session).
- If my child is going to be absent for any reason I must call the Park District office 630.231.9474 or e-mail the Park District at [info@we-goparks.org](mailto:info@we-goparks.org).
- My program deposit is non-refundable and non-transferable. No refunds will be issued once an EFT payment has been processed (please notify the Park District prior to the first of the month if you will no longer be participating in the program).
- Paperwork must be received PRIOR to my child starting the program.

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## **Emergency Medical Care**

This authorizes the West Chicago Park District personnel to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of an emergency. I/we understand that we will be responsible for the emergency medical charges upon receipt of the statement. Some instances may include, but are not limited to, possible broken bone, allergic reactions, stitches, asthma attacks, life or death procedures.

\_\_\_\_\_ (please initial)

## **Rules & Agreement**

I have read and understand the rules and disciplinary measures used in the West Chicago Park District Parent Handbook for the program my child has been enrolled in. I have discussed these rules with my child. I understand that if my child is dismissed from the program for disciplinary reasons I WILL NOT RECEIVE A REFUND OF PROGRAM PAYMENT.

\_\_\_\_\_ (please initial)

## **Field trips**

I give my child permission to go on any West Chicago Park District Field Trips for the program my child has been enrolled in. I understand that I will be notified at least one day prior to any field trip and that all field trips will be taken in a Park District vehicle or be a walking field trip.

\_\_\_\_\_ (please initial)

## **Photo Release**

I understand that my child may be photographed while participating in the After/Before School Program or Camp, and that this picture may be used by the West Chicago Park District for marketing purposes. Pictures will not be given to any outside group/organization.

\_\_\_\_\_ (please initial)

## **Discipline Policy**

Thank you for enrolling in our program. In order to ensure the quality of this program and safety of the participants, each participant must follow the program rules.

**Behavior Problems:** If the Staff encounters behavior problems with any child, he/she will first attempt to resolve the problem with the child. If your child fails to follow one of the following rules they will receive a warning or time out, while in time out they will need to fill out a Time Out Worksheet. If behavior persists the incident will be documented on a Write-Up Form and the parent will need to sign this form at the end of the day. There is a strict three strike policy. If a child gets three strikes throughout the course of the school year, he/she will be dismissed from the program.

**NO REFUNDS WILL BE GIVEN IF A CHILD IS GIVEN A DAY OFF OR DISMISSED FROM THE PROGRAM.** Every parent/guardian is required to read the following rules to his or her child, sign it.

### **General Rules**

#### **At the site:**

No talking when staff is talking.  
Keep hands to self. NO hitting, Biting etc.  
No play fighting or wrestling  
Follow directions and leadership from staff.  
Respect the rights of other is the program.  
Stay out of restricted areas at the site.

#### **On the Bus:**

Sit facing forwards.  
Buckle seatbelt if available.  
Talk quietly.  
No eating or drinking.  
No throwing things.  
Keep hands and feet to yourself.

The following incidents will be cause for an IMMEDIATE strike and SUSPENSION from the program until a parent/child/counselor conference is held:

- Any negative physical contact.
- Stealing
- Intentionally destroying Park District or School property.
- Entering restricted areas of Host Site.
- Disrespect towards staff.
- Foul or Abusive Language.
- Bullying of other children.
- Bring weapons, real or fake, to the program.

I have discussed the rules and consequences with my child.

Child's Name (please print)\_\_\_\_\_ Date: \_\_\_\_\_

Strike One: Written warning, parent signs form and one day suspension.

Strike Two: Written warning, parent signs form, conference with Recreation Coordinator and Assistant along with one day suspension.

Strike Three: Suspended for the remainder of the program. **No Refunds Given!**

I have discussed the discipline policy with my child and they understand what is expected from them in the camp

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Childs Signature

**Offense # 1**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participants Name

Description of  
Incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Staff Signature

**Offense # 2**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participants Name

Description of  
Incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Staff Signature

**Offense # 3**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participants Name

Description of  
Incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Recreation Coordinator Signature

This form must be completed for each program session or when medication changes

**BACKGROUND INFORMATION:**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parents/Guardian's Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child currently taking any medication: \_\_\_\_\_ If yes, What? \_\_\_\_\_

Are there any side effects to these medications? \_\_\_\_\_ If yes please explain \_\_\_\_\_

Is your child prone to headaches \_\_\_\_\_ If yes will you be keeping Tylenol or Advil at Camp \_\_\_\_\_

Does your child have asthma \_\_\_\_\_ If yes have they been trained how and when to use their inhaler? \_\_\_\_\_

Will they be carrying their inhaler? \_\_\_\_\_

**MEDICATION INFORMATION**

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions:

---

---

---

Possible Side Effects:

---

---

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions:

---

---

---

Possible Side Effects:

---

---

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions:

---

---

---

Possible Side Effects:

---

---

**OTHER INFORMATION:**

---

---

---

---

I understand that it is my responsibility to give the medication directly to the Program Supervisor with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

---

Signature of Parent/Guardian

---

Date