

Before & After School Program

Registration Packet



Please print entire packet single sided.

PARTICIPATION & ATTENDANCE

date.

Must register by the 15th of the month prior to desired start

Participant's Name: _____

Grade in Fall: _____ Start Date: _____ End Date: _____ School: _____

ATTENDANCE: Before School*

Please check days attending: Mon Tue Wed Thurs Fri

ATTENDANCE: After School*

Please check days attending: Mon Tue Wed Thurs Fri

Please note: If you have a schedule that changes please send dates to jshipp@we-goparks.org

REGISTRATION PROCEDURE

Dequired paperwork is due at the time of registration. Registration is accepted throughout the school year.

Register by the 15th of the month prior to your desired start date.

SCHEDULE CHANGES

We understand conflicts arise from our hectic schedules! Any desired changes to an existing schedule for the Before and After School Program fZSf aUgdSXWd fZW# fZ aXfZW_ a` fZ bQadi [^TWegTWUf fa W_ WdrW Uk bSee XWwz

EFT PROCEDURES

All EFT payments will be processed on the 1st of each month. Parents are responsible for updating their credit/debit card that is linked for the Before or After School Program in person at the ARC Center or online at we-goparks.org.

In the event of an EFT decline, you will be notified via e-mail. Any declined payment is due in full no later than the 7th of the month.

- Late Fee: A \$35 late fee will be applied on the 8th of the month if payment is not received.
- Persistent Decline: In the event of persistent EFT declines, you will be notified by the Recreation Supervisor. After three EFT declines, you will be removed from the EFT program and be required to pay the remainder of the program fees in full no later than the 12th of that month.
- Removal: If payment, along with late fee, is not paid in full by the 12th of the month, child will be removed from the program.

POLICY ACKNOWLEDGEMENT / EFT PAYMENT ENROLLMENT / ENROLLEMENT AUTHORIZATION

I read and agree to abide by the payment agreement and understand the payment policy and registration fees.

Cardholder Name: _____ Signature: _____

Last 4 digits on Credit Card: _____ Expiration: _____



PARTICIPANT INFO FORMS

Participant's Name _____

School: _____ Age _____ Birth Date _____ Grade in Fall _____ Gender _____

Parent's Name _____ Daytime Phone _____

Parent's Name _____ Daytime Phone _____

Address _____ Cell Phone _____

Email: _____

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:

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

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-other than parents/guardians and emergency contacts:

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 _____

BACKGROUND INFORMATION

Doctor's Name: _____ Phone: _____

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

MEDICATION INFORMATION

Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

DISCIPLINE POLICY

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 write up policy. If a child gets three write ups throughout the course of the program, he/she will be dismissed from the program.

The West Chicago Park District reserves the right to dismiss a participant whose behavior endangers his or her own safety or the safety of others.

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

- Any negative physical contact
- Stealing
- Intentionally destroying park district or host site 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

Participant's Name _____

Date: _____

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

Write Up Two: Written warning, parent signs form, conference with Recreation Supervisor along with one day suspension.

Write Up 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 program.

Parent/Guardian Signature

Child's Signature

WAIVER & RELEASE OF ALL CLAIMS FOR USE OF INHALER OR AUTO-INJECTOR

WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 *et seq.*, 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 in Connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the camp or at any camp-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the West Chicago Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a camp setting. I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, and I voluntarily agree to assume the full 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 possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

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 or arising out of the possession, self-administration, or use of medication against the West Chicago Park District, Including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the West Chicago Park District.

I further agree to protect, indemnify, save, defend and hold harmless the West Chicago Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the West Chicago Park District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the West Chicago Park District.

I have read and fully understand the above waiver and release of all claims and indemnification. If registering online or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Child's Name _____

Parent/Guardian's Signature _____ Date _____

IMPORTANT INFORMATION

The West Chicago 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 West Chicago 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 programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

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 West Chicago Park District to guarantee absolute safety.

PROGRAM INSURANCE

The West Chicago Park District does not carry any major medical insurance for participants in Park District programs and/or activities located in its parks and facilities. Please review your own personal health insurance plan to be certain that you and your family have the proper coverage.

WAIVER AND RELEASE OF ALL CLAIMS AND 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 ability and waiving and releasing all claims for injuries, damage or loss which you or your minor child/ward might sustain as a result 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, and I voluntarily agree to assume the full 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 West Chicago Park District, including its officials, agents, volunteers and employees. In the event of an emergency, I authorize the West Chicago Park District officials, agents, volunteers and employees to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for immediate care and agree that I will be responsible for payment of any and all medical services. I have read and fully understand the above important information, warning of risk, assumption of risk, program insurance, refund/transfer policy and waiver and release of all claims. If registering on-line, or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PHOTO POLICY

We reserve the right to photograph or videotape participants in Park District programs, facilities or parks for the District's promotional materials and marketing efforts. Send Us Your Photos! Smile, click and send your photos to us. We will be accepting photos of kids and adults, participating in our programs and events for submission in future brochures, website or in other publications for promotional purposes. If you have a photo, please e-mail it to info@we-goparks.org. Please include the names of the participants in the picture and a short description. Photo submission acknowledges your awareness of the West Chicago Park District photo policy.

Participant's Signature _____ Date _____
(18 Years or Older or Parent/Guardian)

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.



Participant Info Card

Participant's Name: _____ Age: _____

Address: _____

School: _____ Grade: _____

Parent's Name: _____ Phone: _____

Parent's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Persons Authorized to Pick Up (other than above)

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Conditions/Allergies/Medications: _____
