



Child's Name _____ Birthdate _____ Grade _____ Gender _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Name _____ Email _____

Cell Phone _____ Add'l Phone _____

CCSD93 School

Carol Stream Cloverdale Elsie Johnson Heritage Lakes Roy DeShane Western Trails

Start Date _____ Registration, schedule changes, and withdrawals are required seven days in advance. If requesting within seven days, supervisor approval is required and a \$5 enrollment change/late fee is charged. Last minute registrations/changes cannot always be accommodated.

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 include Before Care, After Care, and After Care with specific times and rates.

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.

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.

PAYMENT INFORMATION

Registration is available for the full school year. Fees vary by month based on the number of scheduled attendance days. An Automatic Payment Request form is required with registration.

A nonrefundable enrollment fee and your first month's payment are due at registration. All subsequent payments are drafted from a bank account or credit card approximately one month in advance from August-May.

Registration, schedule changes, and withdrawals within seven days are charged a \$5 enrollment change/late per child and require supervisor approval. A \$30 cancellation fee is charged per child for all withdrawals.

SCHEDULED PAYMENT DATES

- August 1, 2024
August 31, 2024
October 1, 2024
October 31, 2024
December 1, 2024
January 1, 2025
January 29, 2025
March 1, 2025
March 31, 2025
May 1, 2025

IMPORTANT INFORMATION

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.

By registering for this program, you acknowledge that you have read, fully understand, and agree to the waivers and all program, registration, and payment procedures on this form and in the Parent Handbook, posted on the ActivKids webpage.

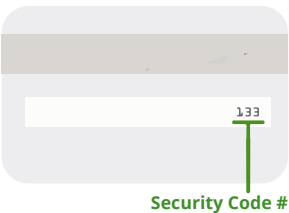
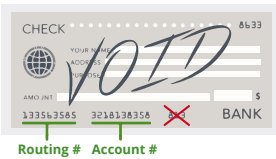
Parent/Guardian Name PRINT
Parent/Guardian Signature
Date MM/DD/YY

INTERNAL USE ONLY
For registrations within seven days, charge late fee and contact supervisor.
STAFF INITIAL DATE MM/DD/YY

Enrollment For

- ActivKids**
- Adult Trips & Events**
- Camp**
- Dance**
- Fitness**
- 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