

Registration Request

Parent/Guardian's Name	Child's Naı	me				Birthdat	e	Grade _	Ge	ender
Carol Stream Cloverdale Elsie Johnson Heritage Lakes Roy DeShane Western Trails Start Date Registration, schedule changes, and withdrawas are required seven days in advance. If requesting within seven days, supervisor approval is required and a 5's enrollment change/late fee is changed. Last minute registrations changes cannot always be accommodated. Register my child for the following attendances schedule for the school year: DAY TIMES DAILY RATES MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY Before Care M-F 6:30-8:45 am \$13	Address _				City _			State	Zip	
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 55 errollment 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: DATY TIMES DAILY RATES MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY	Parent/Gu	ardiar	n's Name _				Email _			
Carol Stream Cloverdale Elsie Johnson Heritage Lakes Roy DeShane Western Trails Registration, schedule changes, and withdrawals are required seven days in advance. If requesting within seven days, supervisor approval is required and a 55 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: DAY TIMES DAILY RATES MONDAY TUESDAY WebnesdaY THURSDAY FRIDAY	Cell Phone	<u> </u>				Add'l Ph	one			
Register my child for the following attendance schedule for the school year: DAYS										
Register my child for the following attendance schedule for the school year: DAYS	Carol St	ream	Clover	dale 🗌	Elsie Johnson	Heritag	ge Lakes	Roy DeShar	ne West	ern Trails
Before Care M-F 6:30-8:45 cm \$13									en days in advan l a \$5 enrollment e accommodate	nce. If t change/late d.
After Care M 2:15-6:30 pm \$23 After Care Tu-F 3:45-6:30 pm \$15.50 REGISTRATION WAIVER & RELEASE IMPORTANT INFORMATION Registration is available for the full school year, fives vary greater the card istrate my bring the continuity and the aware that in second in the card istrate my bring the second is a walk to the card istrate my bring the second is a second in the card istrate my bring the second is a second in the card istrate my bring the second is a second in the card istrate my bring the second is a second in the card istrate my bring the second is a second in the card istrate my bring the second is a second in the card is the second is a second in the card is the second is a second in the second is second in the second is a second in the second is second in the s	Register n	_						_	FRIRAY	
After Care **Nu** 2:15-6:30 pm \$23** After Care **Tu-F** 3:45-6:30 pm \$15.50** **MPORTANT 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 streets to reduce such risks and insists that all participants follow safety rules and holds the safety of participants in high regard. The Carol Stream Park District continually streets to reduce such risks and insists that all participants follow safety rules and holds the safety of participants in high regard. The Carol Stream Park District continually streets to reduce such risks and insists that all participants follow safety rules and holds the safety of participants of							_			
After Care Tu-F 3:45-6:30 pm \$15.50 REGISTRATION WAIVER & RELEASE IMPORTANT INFORMATION The Card 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 Card Stream Park District continually strives to reduce such risks and insists that all participants follow safety uses and insists that all participants and parent/guardians of additive participants in any and all activities or a result of participants in any and all activities or an event of participants in any and all activities or an event of participants in any and all activities or an event of the safe and the participants of any and all activity and approximately one month in advance from August-May. First scheduled payments are due at registration, schedule changes, and withdrawals within seven days are charged a \$5 enrollment change/late per child for all withdrawals within seven days are charged a \$5 enrollment change/late per child for all withdrawals. If withdrawing, a credit intensity, Understandably, not all hazards and dangers can be foreseen. Depending on the graph continued that activity. Understandably, not all hazards and dangers can be foreseen. Depending on the graph continued that activity. Understandably, not all hazards and dangers can be foreseen. Depending on the graph continued that activity understand that certain risks, dangers and injuries due to inclement when the same chool of the participant in the above programs of the participant in the proper	Before Care	M-F		\$13	_	Ш	Ш	Ш	Ш	
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 are recreated in programs and activities in a safe manner and holds the safety of participants in high regard. 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, and an advance of the first of the safety of participants in high regard in the participants' safety. However, participants and parents/gardinators 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. The control of the participant in the proposal pro	After Care	М	2:15-6:30 pm	\$23	Ш					
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 number of participants in high regard. The Carol Stream Park District; continually strives to reduce such risks and instructions that are designed to protect the participants of minors registering for the above listed programs/activities and instructions that are designed to protect the participants of minors registering for the above listed programs/activities and instructions that are designed to protect the participants of minors registering for the above listed programs/activities and instructions that are designed to protect the participants of minors registering for the above listed programs/activities and respective process of the protect protect protect programs activities and protect pro	After Care	Tu-F	3:45-6:30 pm	\$15.50						
	its recreation progholds the safety of Stream Park Distri and insists that all instructions that a safety. However, pminors registering must recognize th choosing to partic You are solely respminor child/ward activities contempadvisable, especia in any way or receimpairment to corphysical activity. WARNING (Recreational activity engage the physic each participant. I instruction, medic there is still a risk any recreational a dangers can be particular activity, certain risks, dang weather, slip and carelessness, hors premises defects, inadequate supen other circumstanc recreational activit recognized that it District to guarant	grams and f participar ct continuu. participar re designe warticipart re designe warticipart for the ab at there is ippate in ree to so the ab at there is ippate in ree to so the ab at the resonsible foare physical lated by the lated by th	activities in a safe mets in high regard. Til ally strives to reduce the follow safety ruled to protect the pars and parents/guard over listed programs an inherent risk of i creational activities/or determining if you ally fit and/or skilled nis agreement. It is a articipant is pregnaned an illness, injury sician before under under the conditioning and equinjury when particip derstandably, not all n. Depending on the ts must understand juries due to inclems skill level or condition or officiating it to indoor and out to this regard, it mus ble for the Carol Strete safety.	anner and he Carol e such risks is and ticipants' lians of s/activities njury when programs. I or your for the liways it, disabled or taking any and urces of paration, uipment, iating in hazards that ent oning, ict, ment, g, and all door it be eam Park	days. An Automatic Pay with registration. A nonrefundable enrol payment are due at regare drafted from a ban approximately one mo First scheduled payment schedule is listed on re is \$55 if registering by Jafter July 1. Registration, scheduled seven days are charged child and require super fee is charged per child a credit (minus the \$30 (minus the \$30 (minus the \$30 (minus the \$30 cancela available. Credits and reprevious dates or abse withdraws and re-enrollment fee must be SCHEDULED P.// August 1, 2024 August 31, 2024 October 1, 2024 October 31, 2024 October 31, 2024 December 1, 2024 January 1, 2025 January 29, 2025 March 31, 2025 March 31, 2025	Iment fee and your figistration. All subsequence is account or credit count in advance from the first and the firs	irst month's uent payments ard August-May. syment enrollment fee gistering on or awals within ange/late per 0 cancelation if withdrawing, a refund ce fee) are ded for participant ol year, the	you will be expressly and waiving and rele- or loss which you or as a result of particip connected with and a (including transporta when provided). I recare certain risks of pl programs. I voluntari any and all injuries, d severity, that my min result of said particip relinquish all claims I accrue to me or my of in these programs ag including its officials, have read and fully u warning of risk, assured all claims. If registe facsimile signature slegal effect as an origibe denied if the signaparent/guardian and understand that my of videotaped while par permit photos and videotaped while par permit photos and videotaped while participate in the signaparent promote to such photos and videotaped while participate in the signaparent promote to such photos and videotaped while participate in the signaparent promote to such photos and videotaped, fully unde all program, registrat form and in the Pare webpage. You acknow and code of conduct	assuming the risk ar assing all claims for in your minor child/war lating in any and all associated with these tion services and vehicles and acknowle hysical injury to partilly agree to assume til damages, or loss, regior/child/ward or I madition. I further agree or my minor child/wardidward) as a result gainst the Carol Streat agents, volunteers, anderstand the above mption of risk, and wering online or via fashall substitute for anginating form signature, atture of an adult part the date is not on the child may be photogriticipating in the above deotapes of my child the Carol Stream Pareos will be the proper sprogram, you acknows that the constant, and agree to tion, and payment print Handbook, posted wiedge that you will in the adowledge that you will in the allows.	nd legal liability juries, damages, id might sustain activities programs incle operations, edge that there cipants in these he entire risk of ardless of ay sustain as a e to waive and ard may have (or t of participating im Park District, and employees. I e information, vaiver and release x, my online or d have the same Participating or lee waiver. I raphed or ve program(s). I d/ward or me to k District, and the Carol bowledge that you the waivers and ocedures on this on the ActivKids review guidelines
STAFF INITIAL DATE MM/DD/YY	Douglas		ion Circuit			Date MARA	(DD 004	For regis	trations within seven	n days,

Enrollment For	Participant Name				
ActivKids	Organization Name (f applicable)				
Adult Trips & Events	Cell Phone Add'l Phone				
☐ Camp ☐ Dance	ECP Authorization (electronic check withdrawal from checking account)				
Fitness	Account Holder's Name				
Preschool Springers	Routing #				
Other	Account # Primary Debit/Credit Card Payment Authorization				
Payments for the following	Card Holder's Name				
orograms are due throughout the duration of the program or membership contract. Review your program's specific payment	Card Number (lost 4 digits)				
guidelines for details.	Expiration Date /				
	Security Code #				
CHECK 6633	Secondary Debit/Credit Card Payment Authorization				
333553585 3238338358 BANK Routing # Account #	Card Holder's Name				
	Card Number (last 4 digits)				
,	Expiration Date /				
133	Security Code #				
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 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 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.

INTERNAL USE ONLY —							
STAFF INITIAL							
DATE	/	/					
Payment Plan Updated							

Name (Print)	
Signature	Date MM/DD/YY