



<u>OFFICE USE ONLY</u>		
Receipt # _____		
Date Registered: ___/___/___		
<input type="checkbox"/> Paid in Full	<input type="checkbox"/> Auto Pay	<input type="checkbox"/> Monthly Invoice

EXTENDED SCHOOL 2017-2018 REGISTRATION

Student Information					
Last Name:		First Name:		Home Phone:	
Address:			City:	State:	Zip:
Child's Birth Date: ___/___/___		Child's Age: _____		Grade in Fall 2017: _____	Sex: ___ M ___ F
Parent/Guardian Information #1 - Payer			Parent/Guardian Information #2		
<input type="checkbox"/> Ms/Mrs.		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms/Mrs.		<input type="checkbox"/> Mr.
First & Last Name:			First & Last Name:		
Cell Phone:		Work Phone:	Cell Phone:		Work Phone:
Email Address:			Email Address:		

Student Pick-up Authorization

Please list everyone authorized to pick-up your child from camp. This includes parents! Your child will only be released to those individuals on this list. Government ID is required at pick-up. If you need to add or remove a person from the list, you may do so at any time in writing.

MOTHER: _____ FATHER _____

NAME: _____ Relationship to Child: _____

NAME: _____ Relationship to Child: _____

EMERGENCY CONTACTS

People (other than parents) that live in the area and can be contacted if a parent can't be reached:

Name	Phone Number	Relationship to Child
1.		
2.		

WAIVER & RELEASE OF ALL CLAIMS & ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, 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 this program/activity.

- I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation.
- I understand that the selection of programs shall be my responsibility, and that the Wood Dale Park District, including its officials, employees, agents and volunteers (hereinafter collectively "District") shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.
- I further agree to waive and relinquish all claims I or my minor child/ward may have or which may accrue to me and/or my minor child/ward as a result of participation in this program/activity.
- I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.
- I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

X _____
Signature of Parent/Guardian 18 years old and older

Date

Emergency Treatment Release Form

The emergency release treatment form enables the parent/guardian to authorize the provision of emergency treatment for children who become ill or injured while under the Wood Dale Park District's authority, when parents or guardians cannot be reached.

If your child requires medication that needs to be distributed by staff member, please complete a medication release form.

Emergency Release

• In the event that I cannot be reached by phone, I hereby give my consent for the administration of any medical treatment deemed necessary for _____, by a licensed medical professional.

(Print Child's First & Last Name)

This form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

X _____
Signature of Adult/Parent/Guardian 18 years old and older _____
Date

<i>Medical Information</i>		
Family Physician:	Physician Phone #	
Insurance: Yes or No	Insurance Company:	Group #

Please list any medications, special needs, allergies (i.e.: food, animals, medications, etc. or other information that the staff or emergency personnel should be aware of. Please indicate NONE if your child has no allergies, medical conditions or medications. DO NOT LEAVE BLANK.

List allergies: _____

List medications: _____

List special needs: _____

RECEIPT OF PARENT HANDBOOK

I have received the parent handbook and agree to read and abide by the policies detailed in the handbook.

Parent Signature: _____ Date: _____

Extended School Registration

Extended School Program	Codes
<p style="text-align: center;">BEFORE SCHOOL BUNCH 7:00 a.m. – 8:30 a.m.</p> <p>5-day (\$1,060 or payment plan 10 x \$106) 4-day (\$840 or payment plan 10 x \$84) 3-day (\$620 or payment plan 10 x \$62)</p> <p>2nd Child Discount: 5-day (\$960 or payment plan 10 x \$96) 4-day (\$740 or payment plan 10 x \$74) 3-day (\$520 or payment plan 10 x \$52)</p>	<p style="text-align: center;">(K-2nd Grades)</p> <p style="text-align: center;">Class Code: (5-day) 6851AB (4-day) 6851AC (3-day) 6851AD</p> <p style="text-align: center;"><input type="checkbox"/> 1st Child <input type="checkbox"/> 2nd Child</p> <hr/> <p style="text-align: center;">(3-5 Grades)</p> <p style="text-align: center;">Class Code: (5-day) 6851AE (4-day) 6851AF (3-day) 6851AG</p> <p style="text-align: center;"><input type="checkbox"/> 1st Child <input type="checkbox"/> 2nd Child</p>
<p style="text-align: center;">KINDERGARTEN CLUB 8:30 a.m. – 12:30 p.m. or 11:45 a.m. – 3:45 p.m.</p> <p>5-day (\$2,120 or payment plan 10 x \$212) 4-day (\$1,570 or payment plan 10 x \$157) 3-day (\$1,130 or payment plan 10 x \$113)</p> <p>2nd Child Discount: 5-day (\$2,020 or payment plan 10 x \$202) 4-day (\$1,470 or payment plan 10 x \$147) 3-day (\$1,030 or payment plan 10 x \$103)</p>	<p style="text-align: center;">Class Code:</p> <p>AM (5-day) 6852AB (4-day) 6852AC (3-day) 6852AE</p> <p>PM (5-day) 6852AF (4-day) 6852AG (3-day) 6852AH</p>
<p style="text-align: center;">AFTER SCHOOL BUNCH 3:45 p.m. – 6:30 p.m.</p> <p>5-day (\$1,600 or payment plan 10 x \$160) 4-day (\$1,260 or payment plan 10 x \$126) 3-day (\$930 or payment plan 10 x \$93)</p> <p>2nd Child Discount: 5-day (\$1,500 or payment plan 10 x \$150) 4-day (\$1,160 or payment plan 10 x \$116) 3-day (\$830 or payment plan 10 x \$83)</p>	<p style="text-align: center;">(K-2nd Grades)</p> <p style="text-align: center;">Class Code: (5 day) 6853AB (4 day) 6853AC (3 day) 6853AD</p> <p style="text-align: center;"><input type="checkbox"/> 1st Child <input type="checkbox"/> 2nd Child</p> <hr/> <p style="text-align: center;">(3-5 Grades)</p> <p style="text-align: center;">Class Code: (5 day) 6853AE (4 day) 6853AF (3 day) 6853AG</p> <p style="text-align: center;"><input type="checkbox"/> 1st Child <input type="checkbox"/> 2nd Child</p>

For 3 or 4 days, please indicate by circling, which days your child will be in attendance:

Mon Tue Wed Thurs Fri

School Days off, Winter Camp and Spring Camp Registration

School Days Off – (7:00am – 6:30pm Full Day) (12:30pm -6:30pm Half Day)

Select the desired days from the table below.

Date	Type	Program #	Rate	Select
10/9/17	Full Day	6854A	\$44	<input type="checkbox"/>
10/10/17	Full Day	6854B	\$44	<input type="checkbox"/>
10/31/17	Half Day	6854D	\$32	<input type="checkbox"/>
11/20/17	Full Day	6854E	\$44	<input type="checkbox"/>
11/21/17	Full Day	6854F	\$44	<input type="checkbox"/>
11/22/17	Full Day	6854G	\$44	<input type="checkbox"/>
1/15/18	Full Day	6855A	\$44	<input type="checkbox"/>
2/19/18	Full Day	6855B	\$44	<input type="checkbox"/>
2/23/18	Half Day	6855C	\$32	<input type="checkbox"/>
3/2/18	Full Day	6855D	\$44	<input type="checkbox"/>
05/25/18	Half Day	6855F	\$32	<input type="checkbox"/>

Winter Camp – (7:00am – 6:30pm)

Select the desired days from the table below.

Date	Type	Program #	Rate	Select
12/27/17	Full Day	6856A	\$44	<input type="checkbox"/>
12/28/17	Full Day	6856B	\$44	<input type="checkbox"/>
12/29/17	Full Day	6856C	\$44	<input type="checkbox"/>
1/2/18	Full Day	6856D	\$44	<input type="checkbox"/>
1/3/18	Full Day	6856E	\$44	<input type="checkbox"/>
1/4/18	Full Day	6856H	\$44	<input type="checkbox"/>
1/5/18	Full Day	6856I	\$44	<input type="checkbox"/>
1/8/18	Full Day	6856K	\$44	<input type="checkbox"/>
12/27/17 – 1/8/18	All 8 Days	6856G	\$325	<input type="checkbox"/>

Spring Camp – (7:00am – 6:30pm)

Select the desired days from the table below.

Date	Type	Program #	Rate	Select
3/26/18	Full Day	6856R	\$44	<input type="checkbox"/>
3/27/18	Full Day	6856L	\$44	<input type="checkbox"/>
3/28/17	Half Day	6856M	\$44	<input type="checkbox"/>
3/29/17	Full Day	6856N	\$44	<input type="checkbox"/>
3/30/18	Full Day	6856P	\$44	<input type="checkbox"/>
03/26/18 – 03/30/18	All 5 Days	6856Q	\$205	<input type="checkbox"/>