



<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 2018-2019 REGISTRATION**

<b>Student Information</b>					
Last Name:		First Name:		Home Phone:	
Address:			City:	State:	Zip:
Child's Birth Date: ___/___/___		Child's Age: _____		Grade in Fall 2018: _____	Sex: ___ M ___ F
<b>Parent/Guardian Information #1 - Payer</b>			<b>Parent/Guardian Information #2</b>		
<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>		
<b>Family Physician:</b>	<b>Physician Phone #</b>	
<b>Insurance:</b> Yes or No	<b>Insurance Company:</b>	<b>Group #</b>

*Please list any medications, special needs, allergies (ie: 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;"><b>BEFORE SCHOOL BUNCH</b> <b>7:00 a.m. – 8:30 a.m.</b></p> <p>5-day (\$1,110 or payment plan 10 x \$111) 4-day (\$880 or payment plan 10 x \$88) 3-day (\$650 or payment plan 10 x \$65)</p> <p>2<sup>nd</sup> Child Discount: 5-day (\$1000 or payment plan 10 x \$100) 4-day (\$770 or payment plan 10 x \$77) 3-day (\$540 or payment plan 10 x \$54)</p>	<p style="text-align: center;">(K-2nd Grades)</p> <p style="text-align: center;">Class Code: (5-day) <b>6851AB</b> (4-day) <b>6851AC</b> (3-day) <b>6851AD</b></p> <p style="text-align: center;"><input type="checkbox"/> 1<sup>st</sup> Child      <input type="checkbox"/> 2<sup>nd</sup> Child</p> <hr/> <p style="text-align: center;">(3-5 Grades)</p> <p style="text-align: center;">Class Code: (5-day) <b>6851AE</b> (4-day) <b>6851AF</b> (3-day) <b>6851AG</b></p> <p style="text-align: center;"><input type="checkbox"/> 1<sup>st</sup> Child      <input type="checkbox"/> 2<sup>nd</sup> Child</p>
<p style="text-align: center;"><b>KINDERGARTEN CLUB</b> <b>8:30 a.m. – 12:30 p.m. or</b> <b>11:45 a.m. – 3:45 p.m.</b></p> <p>5-day (\$2,220 or payment plan 10 x \$222) 4-day (\$1,640 or payment plan 10 x \$164) 3-day (\$1,180 or payment plan 10 x \$118)</p> <p>2<sup>nd</sup> Child Discount: 5-day (\$2,120 or payment plan 10 x \$212) 4-day (\$1,540 or payment plan 10 x \$154) 3-day (\$1,080 or payment plan 10 x \$108)</p>	<p style="text-align: center;">Class Code:</p> <p style="text-align: center;">(5-day) <b>6852AB</b> (4-day) <b>6852AC</b> (3-day) <b>6852AE</b></p>
<p style="text-align: center;"><b>AFTER SCHOOL BUNCH</b> <b>3:45 p.m. – 6:30 p.m.</b></p> <p>5-day (\$1,680 or payment plan 10 x \$168) 4-day (\$1,640 or payment plan 10 x \$164) 3-day (\$1,180 or payment plan 10 x \$118)</p> <p>2<sup>nd</sup> Child Discount: 5-day (\$1,680 or payment plan 10 x \$168) 4-day (\$1,220 or payment plan 10 x \$122) 3-day (\$870 or payment plan 10 x \$87)</p>	<p style="text-align: center;">(K-2nd Grades)</p> <p style="text-align: center;">Class Code: (5 day) <b>6853AB</b> (4 day) <b>6853AC</b> (3 day) <b>6853AD</b></p> <p style="text-align: center;"><input type="checkbox"/> 1<sup>st</sup> Child      <input type="checkbox"/> 2<sup>nd</sup> Child</p> <hr/> <p style="text-align: center;">(3-5 Grades)</p> <p style="text-align: center;">Class Code: (5 day) <b>6853AE</b> (4 day) <b>6853AF</b> (3 day) <b>6853AG</b></p> <p style="text-align: center;"><input type="checkbox"/> 1<sup>st</sup> Child      <input type="checkbox"/> 2<sup>nd</sup> 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
10/8/18	Full Day	6854A	\$46	<input type="checkbox"/>
10/31/18	Half Day	6854D	\$33	<input type="checkbox"/>
11/19/18	Full Day	6854E	\$46	<input type="checkbox"/>
11/20/18	Full Day	6854F	\$46	<input type="checkbox"/>
11/21/18	Full Day	6854G	\$46	<input type="checkbox"/>
1/21/19	Full Day	6855A	\$46	<input type="checkbox"/>
2/18/19	Full Day	6855B	\$46	<input type="checkbox"/>
2/22/19	Half Day	6855C	\$33	<input type="checkbox"/>
3/1/19	Full Day	6855D	\$46	<input type="checkbox"/>
5/24/19	Half Day	6855F	\$33	<input type="checkbox"/>

### Winter Camp – (7:00am – 6:30pm) Select the desired days from the table below.

Date	Type	Program #	Rate	Select
12/26/18	Full Day	6856A	\$46	<input type="checkbox"/>
12/27/18	Full Day	6856B	\$46	<input type="checkbox"/>
12/28/18	Full Day	6856C	\$46	<input type="checkbox"/>
1/2/19	Full Day	6856D	\$46	<input type="checkbox"/>
1/3/19	Full Day	6856E	\$46	<input type="checkbox"/>
1/4/19	Full Day	6856H	\$46	<input type="checkbox"/>
1/7/19	Full Day	6856K	\$46	<input type="checkbox"/>
12/26/18 – 1/7/19	All 7 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
3/25/19	Full Day	6856R	\$46	<input type="checkbox"/>
3/26/19	Full Day	6856L	\$46	<input type="checkbox"/>
3/27/19	Half Day	6856M	\$46	<input type="checkbox"/>
3/28/19	Full Day	6856N	\$46	<input type="checkbox"/>
3/29/19	Full Day	6856P	\$46	<input type="checkbox"/>
03/25/19 – 03/29/19	All 5 Days	6856Q	\$205	<input type="checkbox"/>

## Permission to Dispense Medication

### Waiver and Release of All Claims

The Wood Dale Park District will not dispense prescription or over-the-counter medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian.

Reference:

Participant Name: \_\_\_\_\_

Program Participating In: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ (Print  
Parent/Guardian Name)

\_\_\_\_\_ give permission to the Wood Dale Park  
(Print Participants Name)

District staff to administer the following: \_\_\_\_\_  
(Print name of medication)

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers or original prescription containers clearly labeled with the following information.

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

Name of Medicine and Complete Dosage Instructions: \_\_\_\_\_  
\_\_\_\_\_

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Wood Dale Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. 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.

In consideration of the Wood Dale Park District administering medication to my minor child, I do hereby fully release or discharge the Wood Dale Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to or in any way associated with the administering of medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Medication Dispensing Information



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

#### BACKGROUND INFORMATION:

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

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

Parent's/Guardian's Name(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Program Name: \_\_\_\_\_

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#### MEDICATION INFORMATION:

1. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

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3. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

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Possible Side Effects: \_\_\_\_\_

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OTHER INFORMATION:

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I understand it is my responsibility to give the medication directly to the program staff with full instructions in individual dosage containers or original prescription containers clearly labeled.

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.

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Signature of Parent or Guardian

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Date