



**WOOD DALE PARK DISTRICT**  
Active Places. Friendly Faces.

**Extended School 2016 – 2017 Registration**

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

Student Information			
Last Name:	First Name:	Home Phone:	
Address:		City:	State:      Zip:
Child's Birth Date: ___/___/___	Child's Age: _____	Grade in Fall 2016: _____	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:	

Extended School Program	Codes
<b>BEFORE SCHOOL BUNCH</b> 7:00 a.m. – 8:30 a.m.  \$820.00 or Payment Plan (10 x \$82.00) 2 <sup>nd</sup> Child Discount: \$720.00 or Payment Plan (10 X \$72.00)	(K-2nd Grades) Class Code - <b>6851A</b> <input type="checkbox"/> 1 <sup>st</sup> Child <input type="checkbox"/> 2 <sup>nd</sup> Child  (3-5 Grades) Class Code - <b>6851B</b> <input type="checkbox"/> 1 <sup>st</sup> Child <input type="checkbox"/> 2 <sup>nd</sup> Child
<b>KINDERGARTEN CLUB</b> 8:30 a.m. – 12:30 p.m or 11:45 a.m. – 3:45 p.m.  \$1,760.00 or Payment Plan (10 x \$176.00) 2 <sup>nd</sup> Child Discount: \$1,660.00 or Payment Plan ( 10x \$166)	Class Code: AM – <b>6852B</b> PM – <b>6852A</b> Your child will be placed in AM or PM Kindergarten Club following school district placement in August. AM or PM placement will determined based on date of registration for Kindergarten Club. You will receive a full refund if we are unable to accommodate your child.
<b>AFTER SCHOOL BUNCH</b> 3:45 p.m. – 6:30 p.m.  \$1,400.00 or Payment Plan (10 x \$140.00) 2 <sup>nd</sup> Child Discount: \$1,300.00 or Payment Plan (10 X \$130.00)	(K-2nd Grades) Class Code - <b>6853A</b> <input type="checkbox"/> 1 <sup>st</sup> Child <input type="checkbox"/> 2 <sup>nd</sup> Child  (3-5 Grades) Class Code - <b>6853B</b> <input type="checkbox"/> 1 <sup>st</sup> Child <input type="checkbox"/> 2 <sup>nd</sup> Child

**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: _____
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 Camper
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

### 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: X \_\_\_\_\_

\_\_\_\_\_ 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, medication 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 medication. Do not leave blank.**

**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
10/10/16	Full Day	6854A	\$42	<input type="checkbox"/>
10/11/16	Full Day	6854B	\$42	<input type="checkbox"/>
10/31/16	Half Day	6854D	\$30	<input type="checkbox"/>
11/21/16	Full Day	6854E	\$42	<input type="checkbox"/>
11/22/16	Full Day	6854F	\$42	<input type="checkbox"/>
11/23/16	Full Day	6854G	\$42	<input type="checkbox"/>
01/16/17	Full Day	6854H	\$42	<input type="checkbox"/>
02/20/17	Full Day	6855A	\$42	<input type="checkbox"/>
02/24/17	Half Day	6855B	\$30	<input type="checkbox"/>
03/03/17	Full Day	6855C	\$42	<input type="checkbox"/>
04/14/17	Full Day	6855F	\$42	<input type="checkbox"/>
05/26/17	Half Day	6855D	\$30	<input type="checkbox"/>

**Winter Camp – (7:00am – 6:30pm)**

Select the desired days from the table below.

Date	Type	Program #	Rate	Select
12/19/16	Full Day	6856H	\$42	<input type="checkbox"/>
12/20/16	Full Day	6856I	\$42	<input type="checkbox"/>
12/21/16	Full Day	6856A	\$42	<input type="checkbox"/>
12/22/16	Full Day	6856B	\$42	<input type="checkbox"/>
12/23/16	Full Day	6856C	\$42	<input type="checkbox"/>
12/26/16	Full Day	6856O	\$42	<input type="checkbox"/>
12/27/16	Full Day	6856S	\$42	<input type="checkbox"/>
12/28/16	Full Day	6856D	\$42	<input type="checkbox"/>
12/29/16	Full Day	6856E	\$42	<input type="checkbox"/>
12/30/16	Full Day	6856F	\$42	<input type="checkbox"/>
01/02/17	Full Day	6856K	\$42	<input type="checkbox"/>
12/19/16 – 01/02/17	All 11 Days	6856G	\$415	<input type="checkbox"/>

**Spring Camp – (7:00am – 6:30pm)**

Select the desired days from the table below.

Date	Type	Program #	Rate	Select
03/27/17	Full Day	6856R	\$42	<input type="checkbox"/>
03/28/17	Full Day	6856L	\$42	<input type="checkbox"/>
03/29/17	Half Day	6856M	\$42	<input type="checkbox"/>
03/30/17	Full Day	6856N	\$42	<input type="checkbox"/>
03/31/17	Full Day	6856P	\$42	<input type="checkbox"/>
03/27/17 – 03/31/17	All 5 Days	6856Q	\$189	<input type="checkbox"/>

