

Registration Fee

2018/2019 PEOTONE PARK DISTRICT

Paid _____

REC CARE PROGRAM REGISTRATION FORM

Check # _____

\$25.00 REGISTRATION FEE PER CHILD

Date _____

CHECKS MADE PAYABLE TO THE PEOTONE PARK DISTRICT

(Please return registration form & fee to the Peotone Park District, 8 Blue Devil Drive or mail to P.O. Box 445 Peotone, IL 60468)

For the 2018/2019 school year, Rec Care Tuition is – \$15.00 per day till 6:00pm, early release days a charge of \$10.00 is added

Students Name _____ Grade _____

PIC School _____ Peotone Elementary _____ Date Beginning _____

Parent/Guardian Signature _____

Days your child will attend:

After school () Monday () Tuesday () Wednesday () Thursday () Friday

() as needed

Parent/Guardian # 1 Information

First Name: _____ Home Phone: _____

Last Name: _____ Work Phone: _____

Employer: _____ Phone: _____

Employer Address: _____ Cell Phone: _____

Employee City: _____ Email: _____

Employee State: _____ Zip: _____ Relationship to student: _____

Parent/Guardian # 2 Information

First Name : _____ Home Phone: _____
Last Name: _____ Work Phone: _____
Employer: _____ Phone: _____
Employer Address: _____ Cell Phone: _____
Employer City: _____ Email: _____
Employer State: _____ Zip: _____ Relationship to student: _____

Primary Persons Authorized to Pick up Child Regularly (other than parent)

Person 1

First Name: _____
Last Name: _____
Relationship to student: _____
Home Phone: _____
Cell Phone: _____
Address: _____
City: _____
State: _____ Zip: _____

Person 2

First Name: _____
Last Name: _____
Relationship to student: _____
Home Phone: _____
Cell Phone: _____
Address: _____
City: _____
State: _____ Zip: _____

Family Information

Marital Status of Parents: _____

Are there any legal circumstances we should be aware of? _____

Photography/Movie Consent

Occasionally pictures, movies or videos may be taken of children attending the Rec Care program for newsletters, brochures, newspapers, web sites or other publications. We do not use identification .Please check your photo preference:

Please check one:

_____ *give permission for my child's picture to be used as stated above*

_____ *deny permission for my child's picture to be used as stated above*

Parent/Guardian: _____ **Date:** _____

**PEOTONE PARK DISTRICT
EMERGENCY CARD**

Child's Name _____

(Last)

(First)

(M)

Date of Birth: _____ Age: _____ Sex: _____

Address: _____ City: _____

Parent/Guardian: _____ Day Phone: _____

Parent/Guardian: _____ Day Phone: _____

Non-Parent/Guardian Emergency Contacts

Contact 1

Contact 2

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Relationship to student: _____

Relationship to student: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Address: _____

Address: _____

City: _____

Address: _____

State: _____ Zip: _____

State: _____ Zip: _____

Physician to be called in an Emergency:

Name: _____

Phone Number: _____

Does your child have any allergies to:

Food _____ yes _____ No, Specify what type of foods _____

Bee Stings _____ yes _____ No, How severe/requires epi-pen _____

Medication _____ Yes _____ No, What type of medication _____

Does your child carry a epi-pen or an inhaler? _____ Yes _____ No

Any other conditions or health concerns we should be aware of: _____ Yes or _____ No, If yes please list

Current Medications: _____ Dosage: _____ Times Given: _____
_____ Dosage: _____ Times Given: _____

I verify that the information on my child, _____ is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in the event of an emergency. In the event of an emergency, if I cannot be reached, I hereby authorize transportation to a medical facility and/or calling my child's physician at my expense, to provide the necessary medical treatment of my child, Parent/Guardian

Signature: _____ Date: _____

Billing

Please note that all balances are due by the due date listed on your invoice or a \$15.00 late fee will be applied for each week your invoice is past due. (Make checks payable to the Peotone Park District)

Payments are due on Monday for the previous week of Rec Care. Invoices will be emailed to you every Monday and are due the following Monday.

Peotone Park District offers various convenient methods for you to pay your invoices;

- a. Payments can be sent to school with your child/children.
- b. Payments can be given to the Instructor while dropping off or picking up your child/children.
- c. Mail/Drop off-mail payments to P.O. Box 445 Peotone IL, 60468 or drop off box located outside the Peotone Park District (8 Blue Devil Dr.)

Rec Care Financial Agreement

I -----(parent/Guardian)
agree that I am responsible for the financial cost of enrolling _____

Child (s) names in the Rec Care Program and I agree that payment is due on the due date listed on each Invoice. I also understand that a \$15.00 late fee per week shall be charged to my account for each week an invoice is past due .I also understand that all expenses (including but not limited to attorney fees and court costs) incurred through the collection process or legal action instituted for recovery of past due accounts shall become the obligation of the parent or guardian or responsible party.

Date: _____

(Signature of parent/guardian responsible for financial obligations)

PEOTONE PARK DISTRICT

REC CARE 2018/2019

Discipline Policy Form

Your child is enrolled in the Peotone Park District Rec Care Program. In order to ensure the quality of this program, each child/children must follow program rules:

1. No fighting, hitting or pushing others.
2. Treat the program staff and other children with respectful attitude and actions.
3. Use appropriate language at all times.
4. Do not cause damage or deface the equipment or personal belongings of another person or facility of the program.

Consequences for breaking the Rules:

The Rec Care Instructors will keep a written record of serious/chronic problems and the Rec Care Supervisor will notify you of such occurrences.

If the problem persists, your child/children may be withdrawn from the Program, if behavior modification doesn't solve the issue.

Please discuss the rules/ consequences with your child/ children
And sign, date and return this form.

Child's Name :-----Date:-----

Parent/ Guardian Signature: -----

PLATONE PARK DISTRICT WAIVER & RELEASE OF ALL CLAIMS

Please read this form carefully and be aware by registering your minor child/ward for participation in the Sports Program

You will be waiving and releasing all claims for injuries you or your minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program (s)

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program (s) and agree to assume the full risk of any injuries, damages or loss regardless of severity which my minor child/ward may sustain as a result of

Participating in any and all activities connected with or associated with such program(s)

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program (s)

against the District and its officers, agents, servants and employees

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which or my minor child/ward may have or which may accrue to me or minor child/ward and arising out of, connected with, or in any way associated with the activities of the program (s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of an emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of all Claims and Permission to Secure Treatment

Date: _____

Signature of Parent/Guardian

Printed Name