

Registration Fee

# 2015/2016 PEOTONE PARK DISTRICT

Paid \_\_\_\_\_

## REC CARE PROGRAM REGISTRATION FORM

Check # \_\_\_\_\_

\$25.00 REGISTRATION FEE PER CHILD

Date \_\_\_\_\_

(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 2015 -2016 school year, Rec Care Tuition is – Before school \$10.00 per morning

After school \$15.00 per afternoon, early release days a charge of \$10.00 added

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

PIC School \_\_\_\_\_ Peotone Elementary \_\_\_\_\_ Date Beginning \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### Days your child will attend:

Before school ( ) as needed ( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday

After School ( ) as needed ( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday

### 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.**

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 expences (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 2014/2015

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. Treat the program staff and other children with respectful attitude and actions.
2. Use appropriate language at all times.
3. 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 and sign, date and return this form.

I have discussed the rules/consequences of the Peotone Park District Rec Care Program with my child.

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Child's Name

Date

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Parent/Guardian Signature

1. STRIKE ONE Written warning, parent signs form.
2. STRIKE TWO Written warning, parent signs form, conference with Supervisor to talk about behavior modification.
3. STRIKE THREE Dismissed from program... no refunds given.

**PEOTONE PARK DISTRICT WAIVER & RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware in registering your minor child/ward for participation in the Rec Care 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 I 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