



2011-2012 School Year Registration Packet

Participant Information

GRADE (2011-2012 School Year) _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

SEX: MALE FEMALE BIRTHDATE: MONTH _____ DATE _____ YEAR _____ AGE: _____

KNOW ALLERGIES AND MEDICATIONS _____

SPECIAL NEEDS THAT STAFF SHOULD BE AWARE OF _____

Parent/Guardian Information

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO CHILD _____

PHONE HOME _____ WORK _____ MOBILE _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO CHILD _____

PHONE HOME _____ WORK _____ MOBILE _____

[] Same as above ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____

Emergency Contacts

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO CHILD _____

PHONE HOME _____ WORK _____ MOBILE _____

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO CHILD _____

PHONE HOME _____ WORK _____ MOBILE _____

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO CHILD _____

PHONE HOME _____ WORK _____ MOBILE _____

PHYSICIAN _____ MEDICAL PLAN _____ PHONE _____

If listed contacts and physician cannot be reached, what action should be taken: CALL EMERGENCY HOSPITAL OTHER

EXPLAIN OTHER: _____

2011-2012 School Year Registration (cont.)

Sign Out Authorization

List additional persons authorized to sign the child out of the program. (In addition to parents / guardians / emergency contacts)

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

Consent for Medical Treatment

As the parent or authorized representative, I hereby give consent to the Arden Manor Recreation and Park District to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), or dentist (D.D.S.) for (please print child's name) _____ . This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child named above.

Signature _____ Date _____

Photo Release

I, (please print your name) _____, give the Arden Manor Recreation and Park District, the absolute right and permission to use my child's (please print child's name) _____ photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or other form of promotion. I release the District, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature _____ Date _____

[] I do not authorize the use of my child's photograph. Signature _____

Agreement, Waiver, and Release

I have carefully read description of class(es) / program(s) for which I am/we are registering and in consideration for being permitted by the Arden Manor Recreation and Park District to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Arden Manor Recreation and Park District (its officers, officials, employees, and volunteers) from any and all liability arising out of, or connected in any way, with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

Parental Consent (Must be completed and signed by parent/guardian if participant is under 18 years of age)

I hereby consent that _____ participate in the above activity, and I hereby execute the above agreement, waiver, and release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold harmless the persons and entities mentioned above, free and harmless from any loss, liability, damage, cost, or expense, which may occur as a result of death or injury, or property damage, that said minor may sustain, while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ARDEN MANOR RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

2011-2012 School Year Registration (cont.)

Behavior Standards and Expectations

It is our goal to make this program an exciting and worthwhile experience for your child. This requires participants to follow basic rules such as respect for staff and other participants, teamwork, maintaining a positive attitude, and common courtesy. Disrespectful behavior, inappropriate language, and inappropriate physical contact directed towards staff members, participants, or the general public will not be tolerated, and will be disciplined according to the policies of the Arden Manor Recreation and Park District. Behavior that does not follow the guidelines and rules set forth by the Arden Manor Recreation and Park District may result in the following:

- Verbal warning to child, followed by a written warning if behavior continues. A phone call notifying parent/guardian of child's behavior will be made in the case of a written warning.
- Two written warnings will result in a one day suspension from the program.
- Incidents such as violent acts, profanity, and disrespectful speech or behavior will result in an immediate suspension for the remainder of the program day and the following program day. This requires the participant be picked up immediately from the program. Failure to pick up child at the request of staff may result in expulsion from the program.
- A second suspension from the program will result in suspension for no less than five program days and up to expulsion from the program, depending on severity of incident.
- Refunds will not be given for time missed due to behavior related absence.

Please discuss these expectations with your child.

We appreciate your role in making this summer a positive experience for your child.

I have read and understand the Behavior Standards and Expectation of the Arden Manor Recreation and Park District and I agree to the terms and guidelines above.

Signature _____ Date _____

Participant Self Sign In/Out Authorization

I authorized my child to sign themselves out of the program at the end of the day: YES NO

If YES, I authorize that my child may sign his/herself out at _____(time).

Signature _____ Date _____

Policies and Information – Please Review and Sign

Arden Manor Recreation and Park District's Afterschool Program is a valuable experience available to students in Kindergarten – 6th grade (as of September 2011). The program begins on the first day of the school year and is open on all school days, immediately afterschool to 6:00pm, through the last day of the school year. Please see the rate calendar on the last page of this packet for detailed information on dates and fees.

Snack

Participants will be given a daily snack immediately afterschool. Students will also participate in the Kids in the Kitchen program every Thursday where they will prepare their own nutritious snacks. Please indicate any food allergies your child may have on his or her registration form.

Illness

Should your child become ill you will be notified and must arrange for your child to be picked up as soon as possible. These arrangements should be made prior to beginning the program should a sudden illness occur. If staff are unable to reach the parent/guardian, the next person on the emergency card will be contacted to pick up your child. If your child has been exposed to any "contagious childhood disease" such as lice, measles, chicken pox, etc., please notify us immediately. Your help is greatly appreciated. We wish to provide a healthy atmosphere for our participants and staff.

2011-2012 School Year Registration (cont.)

Clothing and Valuables

Please encourage students to take care of their belongings. To avoid ownership problems, please label anything that is brought from home. **Arden Manor Recreation and Park District is not responsible for lost or stolen items.**

Promptness

Parents will not be late when picking up their children. Program hours are from immediately afterschool to 6:00pm. Special arrangements or accommodations for pick up or drop off will not be made.

Parents are responsible for getting their children to and from Arden Manor Recreation and Park District's afterschool program. This policy is for your child's welfare and to keep lines of communication open between parents and staff. **Parents must sign their children OUT of the program on a daily basis unless** the waiver Self Sign In and Out waiver is completed.

There will be a \$10 fee per child due for every fifteen minutes that the child is not picked up after 6:00pm. These fees must be paid in full before the child may return to the program. Refunds will not be given for days missed due to failure to pay late pick up fees.

Payments

Fees for the Afterschool Program must be paid according to the payment schedule selected by the parents. District Policy states that the payments must be made ON or BEFORE the date due. Your child may not participate until fees have been paid. Invoices will not be sent out. It is the responsibility of the parent to record the proper payment dates. Recreation leaders will NOT accept payments; it must be walked in or mailed in to the District Office. Payments may also be made over the phone using a Visa or Mastercard. Registration is on a first come, first serve basis.

Refunds

Refunds will not be given for absences or vacations during the run dates of the Afterschool Program.

I have read and understand the Policies and Information.

Signature _____ Date _____

See 2011 – 2012 Calendar for rates and payment dates.

2011-2012 Deposit

| Deposit | Fees Due | Amount Paid | Date | Receipt# |
|-----------|----------|-------------|-------|----------|
| 2011-2012 | \$100 | _____ | _____ | _____ |