



Circle of Friends - Before & After School Care Registration Form

Please fill out this form legibly. Incomplete or inaccurate information will delay your registration.

Staff Use Only
HH # _____
WL: Date: _____ Initials _____
EN: Date: _____ Initials _____

School Year _____

Primary Parent/Guardian

Last Name: _____

First Name: _____

Address: _____

City, Zip: _____

Phone # _____

Email: _____

Secondary Parent/Guardian

Last Name: _____

First Name: _____

*Address: _____

City, Zip: _____

Phone # _____

Email: _____

*Required only if the secondary Parent/Guardian does not live at the same address as the primary Parent/Guardian.

Care is available three, four, or five days per week. If you register for less than five days, the days must remain consistent.

PLEASE SELECT THE DAYS YOUR CHILD(REN) WILL ATTEND

M TU W TH F

CHILD First and Last Name	Grade	Sex	Birthdate	Program Number	Monthly Fee
		<input type="checkbox"/> M <input type="checkbox"/> F		AM CARE <input type="checkbox"/> 51229-LB <i>Liberty Elementary</i>	
		<input type="checkbox"/> M <input type="checkbox"/> F		PM CARE <input type="checkbox"/> 51230-AL <i>Algonquin Lakes</i> <input type="checkbox"/> 51230-DH <i>Dundee Highlands</i>	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> 51230-EV <i>Eastview</i> <input type="checkbox"/> 51230-LB <i>Liberty</i> <input type="checkbox"/> 51230-NE <i>Neubert</i>	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> 51230-SH <i>Sleepy Hollow</i> <input type="checkbox"/> 51230-WE <i>Westfield</i>	

The first month's fee plus a \$40 nonrefundable yearly registration fee per child are required upon registration. Future payments will be electronically withdrawn on the first business day of the month.

10% Sibling Discount 5% Paid in Full Discount (August-May)

Registration Fees + 1st Monthly Fees
Total Fees Due: _____



ADA/INCLUSION/ACCOMMODATIONS:
All ADA, inclusion needs, and accommodation requests must be submitted two weeks prior to the start of a program. To make a request complete the ADA/Inclusion/Accommodations request form on the DTPD website.

- Yes, I have read and signed the waiver and notice regarding accommodation and ADA request.
- Yes, I have completed the attached Automatic Credit/Debit Authorization Form.

RETURN FORM TO THE PARK DISTRICT			
Email: cof@dtpd.org	Rakow Center 665 Barrington Ave., Carpentersville, IL 60110	Randall Oaks Recreation Center 500 N. Randall Rd., West Dundee, IL 60118	www.dtpd.org
Mail In or Drop Off:			

1. Does your child have any allergies and/or dietary restrictions? Yes No

If yes: _____

2. In addition to Primary and Secondary Parent, who else is authorized to pick up your child?
Do not re-list primary and secondary guardians (parents).

Local Emergency Contact: _____ Relation: _____ Contact #: _____

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Local Emergency Contact: _____ Relation: _____ Contact #: _____

3. Anyone legally restricted from picking up your child? (*Supporting documentation will be required.*)

Yes No If so, who: _____

4. Please include any information on the following (*attach additional documentation if applicable*):

- physical or mental health challenges that might affect behavior
- parenting plan schedules
- any other information about your child that will help us understand how to best care for them

DUNDEE TOWNSHIP PARK DISTRICT WAIVER & RELEASE

IMPORTANT INFORMATION The Dundee Township Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Dundee Township Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Dundee Township Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND 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 (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Dundee Township Park District, including its officials, agents, volunteers and employees.

PHOTO/VIDEO POLICY The District occasionally takes photographs or video of participants for promoting/advertising our programs, services, events, activities, and facilities in our brochures, website or agency social media, and other promotional avenues. By registering for, participating in or attending District programs, events, or other activities, the participant (or parent/guardian of a minor participant) irrevocably agrees to the use and distribution by the Park District of his or her image (or of his minor child/ward) in photographs, video recordings, and any other electronic reproductions of such programs, events and activities for any purpose without inspection or approval and without compensation, rights to royalties or any other consideration now and in the future.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT Participant's Name _____

Participant's Signature _____

Date _____

(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/guardian and date are not on this waiver. Electronic signatures are accepted.