

Kindergarten Kapers

Registration Form for 2020-2021 School Year

CHILD'S INFORMATION

First Name _____ Last Name _____
 Birth Date ____/____/____ Household Number _____

PARENT'S INFORMATION

First Name _____ Last Name _____
 Address _____ City _____ Zip _____
 Home Phone _____ E-Mail _____

CLASS	CODE	DAYS (Circle days attending)	TIME	Session Fees
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|--|---------|-----------|--------------------|--|
| <input type="checkbox"/> AM Session – Per Day | EY10100 | M T W R F | 9:00 –11:30 a.m. | # of days ____ x \$981 M / \$999 NM = \$ _____ |
| <input type="checkbox"/> AM Session – 5 Day | EY10100 | M T W R F | 9:00 –11:30 a.m. | 5 days a week = \$4590 M / \$4680 NM |
| <input type="checkbox"/> Lunch Option – Per Day | EY10103 | M T W R F | 11:30 – 12:15 p.m. | # of days ____ x \$75 M / \$80 NM = \$ _____ |
| <input type="checkbox"/> Lunch Option – 5 Day | EY10103 | M T W R F | 11:30 – 12:15 p.m. | 5 days a week = \$325 M / \$350 NM |
| <input type="checkbox"/> PM Session – Per Day | EY10101 | M T W R F | 12:15 – 2:45 p.m. | # of days ____ x \$981 M / \$999 NM = \$ _____ |
| <input type="checkbox"/> PM Session – 5 Day | EY10101 | M T W R F | 12:15 – 2:45 p.m. | 5 days a week = \$4590 M / \$4680 NM |
| <input type="checkbox"/> Extended Care – Per Day | EY10102 | M T W R F | 2:45 – 6:00 p.m. | # of days ____ x \$981 M / \$999 NM = \$ _____ |
| <input type="checkbox"/> Extended Care – 5 Day | EY10102 | M T W R F | 2:45 – 6:00 p.m. | 5 days a week = \$4590 M / \$4680 NM |

PAYMENT INFORMATION

Thank you for registering for the Kindergarten Kapers 2020-2021 Program Year. The session dates are August 24, 2020 through May 28, 2021. You will only need to sign your child up for Kindergarten Kapers one time and they will be registered for the school year. The class schedule will be handed out the first week of class and will following School District's 205 schedule.

Payment for the whole session will also be accepted at this time. If paying by check, please make checks payable to Courts Plus. If enrolling in the AutoPay, there will be nine equal payments withdrawn from the account. AutoPay dates are listed below.

<p>Must complete when using VISA or MASTER CARD or DISCOVER</p>	Name of Cardholder: _____	Expiration Date: _____
	Authorized Signature: _____	CVC Code: _____
<p>_____ - _____ - _____ - _____</p>		
<p><input type="checkbox"/> Charge my credit card for the Full Amount of the Program</p> <p><input type="checkbox"/> AUTOPAY - Charge my credit card for each month's fee on its due date.</p> <p><i>Auto Pay Dates: August 15, 2020 September 15, 2020 October 15, 2020 November 15, 2020 December 15, 2020 January 15, 2021 February 15, 2021 March 15, 2021 April 15, 2021</i></p>		

MAKE SURE TO SIGN WAIVER ON NEXT PAGE

CONSENT & RELEASE WAIVER

IMPORTANT INFORMATION

The Elmhurst 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 Elmhurst Park District continually strives to reduce 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 programs/activities 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 is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

PHOTOGRAPHY

Photos and videos are periodically taken of people participating in Park District programs and activities. All persons registering for Park District programs/activities, or using Park District property thereby agrees that any photograph or videotape taken by the Park District may be used by the Park District for promotional purposes including its promotional videotapes, brochures, flyers and other publications without additional, prior notice or permission and without compensation to the participant.

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. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Elmhurst 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 the programs on this form, 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 these programs (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 these programs against the Elmhurst Park District, including its officials, agents, volunteers and employees. 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.

PARTICIPATION WILL BE DENIED

If the signature of parent/guardian and date are not on this waiver.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Parent/Guardian Signature _____ Date _____

Check this box if registrant has special needs. For special accommodation requests, please contact the program manager at (630) 993-8902.

Submit completed forms to the following location:

Courts Plus
186 S West Ave
Elmhurst, IL 60126
Phone: (630) 833-5064
Fax: (630) 993-8966