



K.E.E.P. Before & After School Registration Form

2018 - 2019

K.E.E.P. PROGRAM
Kids Enrichment Experience Program

**All K.E.E.P.
P.M. Sites are
waitlisted. Please call
for availability**

<u>Child's Name:</u>	<u>School:</u>	<u>Sex:</u>	<u>Birth Date:</u>	<u>Grade Entering:</u>
_____	_____	M / F	___/___/___	_____
Please Print				
_____	_____	M / F	___/___/___	_____
Please Print				
_____	_____	M / F	___/___/___	_____
Please Print				

E-MAIL ADDRESS: _____ **(Must be filled in)**
Bills, receipts and other communication will be sent to the email listed above. Please write clearly.

Home Address: _____ **City/Zip:** _____

Mother's Name: _____ **Home:** _____
Work: _____

Place of Employment: _____ **Cell:** _____

Father's Name: _____ **Home:** _____
Work: _____

Place of Employment: _____ **Cell:** _____

Emergency Contact Person #1: _____ **Phone:** _____

Emergency Contact Person #2: _____ **Phone:** _____

Who, other than those listed above, has permission to pick up your child(ren) from K.E.E.P.?

Please register my child/ren for:

<u>AM PROGRAM OPTIONS:</u>	<u>TIME:</u>	<u>MONTHLY FEES</u> <small>(10 equal payments)</small>
_____ A.M. EXTENDED – 5 Days a week Five Days	6:30 – 8:00	\$208
_____ A.M. EXTENDED – 3 Days a week M T W R F	6:30 – 8:00	\$140

(If attending a 3 day program – You must circle the days you are choosing at the time of registration.)

<u>PM PROGRAM OPTIONS:</u>	<u>TIME:</u>	<u>MONTHLY FEES</u> <small>(10 equal payments)</small>
_____ P.M. EXTENDED – 5 Days a week Five Days	2:40 – 6:00	\$310
_____ P.M. EXTENDED - 4 Days a week M T W R F	2:40 – 6:00	\$271
_____ P.M. EXTENDED – 3 Days a week M T W R F	2:40 – 6:00	\$202
_____ P.M. EXTENDED - Wednesday Only	2:00 – 6:00	\$100

(If attending a 3 day or 4 day program – You must circle the days you are choosing at the time of registration.)

See reverse side of this page for fees due.

REGISTRATION FEE INFORMATION

AM PROGRAM DEPOSITS AND REGISTRATION FEES DUE:

Please Note: Upon registration, a **pre-payment** of the first month's tuition (see fees below) and a **\$25.00 registration fee, per child, is required. All fees are non-refundable**

Your one month payment will be applied to your August care bill. Every monthly bill will be the same dollar amount regardless of the number of actual school days in a given month. The bills are based on the **total** number of school days **in the school year** divided by 10 equal payments. For further information, please call K.E.E.P. at 847-304-5278 or 847-304-5294.

August pre-payment will be **forfeit** if the AM program is dropped **after June 1, 2018.**

<u>Program</u>	1 st Child payment due for	2 nd child payment due for
	<u>August</u>	<u>August</u>
AM 5 Days/Week	\$ 208.30 + \$25.00	\$ 187.92 + \$25.00
AM 3 Days/Week	\$ 140.40 + \$25.00	\$ 126.36 + \$25.00

PM PROGRAM DEPOSITS AND REGISTRATION FEES DUE:

Please Note: Upon registration, a **deposit equal to one half your monthly fee** (see fees below) **and a \$25.00 non-refundable registration fee, per child, is required.** The deposit will be held and applied to your May bill in 2019. Every monthly bill will be the same dollar amount regardless of the number of actual school days in a given month. The bills are based on the **total** number of school days **in the school year** divided by 10 equal payments. For further information, please call K.E.E.P. at 847-304-5278 or 847-304-5294. **Any cancellations of PM program must be requested no later than July 15, 2018 or deposits will be forfeited.** Once the program has started deposits will be forfeited if the PM program is dropped before April 2019.

<u>Program</u>	<u># of days</u>	<u>1st child</u> <u>Deposit & Reg. Fee</u>	<u>2nd child</u> <u>Deposit & Reg. Fee</u>
PM	5 Days/Week	\$ 155.30 + \$25.00	\$ 139.77 + \$25.00
PM	4 Days/Week	\$ 135.72 + \$25.00	\$ 122.15 + \$25.00
PM	3 Days/Week	\$ 101.07 + \$25.00	\$ 90.97 + \$25.00
PM	Wednesday Only	\$ 50.40 + \$25.00	\$ 45.36 + \$25.00

<u>Program</u>	<u># of days</u>	<u>Amount Due</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Amount Due: \$ _____

Total Amount Paid: \$ _____

Medical Information

Physician: _____ **Phone:** _____

Child 1: _____ **Date of Last Tetanus:** _____

Child 2: _____ **Date of Last Tetanus:** _____

Child 3: _____ **Date of Last Tetanus:** _____

Does your child have any special needs (ADA)? _____ **If yes, please explain:** _____

Will your child require one on one assistance? _____

What medications is your child currently taking? _____

Special information (allergies, medical attention, etc...): _____

Note: If K.E.E.P. staff will be required to dispense patent or prescription medication to your child you must complete a "Medication Dispensing" form.

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT: By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Barrington Park District activities. This includes the additional warning for aerobic activities. Aerobic exercise is an activity in which, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a substantial risk of injury. Dependent upon a person's physical condition, age and skill level, aerobics can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: heart attack, stroke and circulatory problems, bone and joint injuries, back injury, shin splints, muscle strain and other muscle injuries, foot problems, head and neck injuries. I understand that the Barrington Park District does not provide insurance or protection against injuries sustained by program participants. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the park district program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I give permission for my child/ward/self to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Barrington Park District or School District, its commissioners, employees, and volunteers for damages and/or injuries to the registrant, which may arise from participation in Barrington Park District programs.

BARRINGTON PARK DISTRICT PHOTO RELEASE: I understand that my child/ward or I may be photographed or videotaped while participating in a Barrington Park District program or special event. I give my permission for photos and videotapes of my child/ward or myself to be used to promote the Barrington Park District. Such photos and videotapes will remain the property of the Barrington Park District.

I HAVE READ AND FULLY UNDERSTAND THE WAIVER, warning of risk, assumption of risk and waiver and release of all claims. I understand my signature, or my guardian's signature if I'm under 18, is required to take part in Park District programs. If submitting this form electronically, my electronic signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature: _____ **Date:** ____/____/____

EMERGENCY MEDICAL CARE

This authorizes the K.E.E.P. STAFF to secure EMERGENCY medical care for my child when I/WE cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charge upon receipt of the statement.

SIGNATURE OF PARENT/GUARDIAN: _____

RELATIONSHIP TO THE CHILD: _____ **DATE:** _____

K.E.E.P.
ABSENCE REPORTING POLICY

I _____ understand that in the event that my child _____ is not present on a day they are scheduled to attend program and K.E.E.P. has not received a phone call, an attempt will be made to reach parents and emergency contacts to verify their whereabouts. If a return call is not received within a reasonable time frame the Barrington Park District K.E.E.P. program may deem it necessary to alert the Barrington Police Department.

I understand that if this call should be made and is a false alarm and there is a charge that I will take full responsibility for any fees charged.

If non-reporting of absence becomes habitual, a per-call fee of \$5.00 may be implemented.

SIGNATURE OF PARENT/GUARDIAN: _____

RELATIONSHIP TO THE CHILD: _____ DATE: _____

WAIVER OF CONFIDENTIALITY

I authorize the professional staff of _____ in Unified School District #220
(Name of child's school)
to disclose pertinent information concerning the overall welfare of my
child: _____. This information will be used by the K.E.E.P. STAFF to
insure a consistent and integrated program while your child is in K.E.E.P. care. I understand that I
have the right to discuss and inspect any information, which might be exchanged.

This agreement is valid for the 2018 – 2019 academic school year.

SIGNATURE OF PARENT/GUARDIAN: _____

RELATIONSHIP TO THE CHILD: _____ DATE: _____

I understand that I am responsible for reading and adhering to all program policies and procedures indicated in the K.E.E.P. Program Parent Handbook and agree to abide by the guidelines set forth therein.

Parent/Guardian Signature: _____ **Date:** ____/____/____

K.E.E.P. One-Time CHARGE FORM

This form must accompany any payment you would like charged.

Card Holder's Name as written on the card: _____
Card number: <u>Mastercard, Visa and Discover ONLY</u>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4- Digit Expiration Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Amount: _____
Child's Name: _____
Payment for: _____
Signature: _____ Date : _____

This is a one-time only charge form. This is *not* an auto charge form.

For Before school - An Auto Charge form will be sent with your bill due on September 1, 2018.

For Afterschool - An Auto Charge form will be sent with your bill due August 1, 2018.

Please call the K.E.E.P. office for details.
847-304-5278 or 847-304-5294