



**2019 – 2020 School Year
K.E.E.P. Before & After School
Registration Form**

**Space is limited.
Please call or email
for availability.**

Kids Enrichment Experience Program

<u>Child's Name (please print):</u>	<u>School:</u>	<u>Sex:</u>	<u>Birth Date:</u>	<u>Grade:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMAIL ADDRESS:

Please write clearly. Invoices, receipts and other communication will be sent to the email listed above.

Home Address: _____ City/Zip: _____

Mother's Name: _____ Home #: _____ Cell #: _____

Place of Employment: _____ Work: _____

Father's Name: _____ Home #: _____ Cell #: _____

Place of Employment: _____ Work: _____

Emergency Contact Person #1: _____ Home #: _____ Cell #: _____

Emergency Contact Person #2: _____ Home #: _____ Cell #: _____

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

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Please register my child/ren for:

<u>A.M. PROGRAM OPTIONS:</u>	<u>DAYS PER WEEK*:</u>	<u>TIME:</u>	<u>MONTHLY FEES**</u> <i>(10 equal payments 8/1/19 – 5/1/20)</i>
____ A.M. 3-Days	M T W R F	6:30 – 8:00am	\$140
____ A.M. 5-Days	Five Days	6:30 – 8:00am	\$210
<u>P.M. PROGRAM OPTIONS:</u>	<u>DAYS PER WEEK*:</u>	<u>TIME:</u>	<u>MONTHLY FEES**</u> <i>(10 equal payments)</i>
____ P.M. Wednesdays Only	Wednesdays only	2:00 – 6:00pm	\$100
____ P.M. 3-Days	M T W R F	2:40 – 6:00pm	\$200
____ P.M. 4-Days	M T W R F	2:40 – 6:00pm	\$270
____ P.M. 5-Day	Five Days	2:40 – 6:00pm	\$310

*If attending a 3 or 4 day program – You must circle the days you are choosing at the time of registration. Days are not interchangeable.)

**A 10% discount applies to each additional child you register. Children must reside within the same household to receive the discount.

~Please see the next page for fees dues at time of registration~

REGISTRATION FEES & INFORMATION:

A.M. PROGRAM DEPOSITS AND REGISTRATION FEES DUE:

- **Deposit:** Upon registration, a pre-payment of the first month's tuition (see fees below) and a \$25.00 registration fee, per child, is required. This payment will be applied to your August care bill.
- Payments are due on the first of each month, 8/1/19 – 5/1/20.
- 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.
- **Cancellation Policy:** August pre-payment will be forfeit if the A.M. program is dropped after June 1, 2019.

Program Option	1 st Child Deposit (August Payment) + Registration Fee	2 nd + Child Deposit (August Payment) + Registration Fee
A.M. 3-Days	\$210 + \$25 = \$235	\$189 + \$25 = \$214
P.M. 5-Days	\$140 + \$25 = \$165	\$126 + \$25 = \$151

P.M. PROGRAM DEPOSITS AND REGISTRATION FEES DUE:

- **Deposit:** 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 2020.
- Payments are due on the first of each month, 8/1/19 – 5/1/20. 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.
- **Cancellation Policy:** All cancellations must be requested no later than July 15, 2019 or deposits will be forfeited. Once the program has started deposits will be forfeited if the P.M. program is dropped before April 2020.

Program Option	1 st Child Deposit + Registration Fee	2 nd + Child Deposit + Registration Fee
P.M. Wednesdays Only	\$50 + \$25 = \$75	\$45 + \$25 = \$70
P.M. 3-Days	\$100 + \$25 = \$125	\$90 + \$25 = \$115
P.M. 4-Days	\$135 + \$25 = \$160	\$121.50 + \$25 = \$146.50
P.M. 5-Days	\$155 + \$25 = \$180	\$139.50 + \$25 = \$164.50

<u>Child's Name:</u>	<u>Program (A.M. or P.M.):</u>	<u># of days:</u>	<u>Amount Due</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Total Amount Due: \$ _____

PAYMENT METHOD (please check & attach payment with registration packet):

- Monthly Auto-Payment** (see attached Form)
 One-Time Charge (see attached form)
 Check # _____

For payment questions please call the K.E.E.P. office for details at 847-304-5278 or 847-304-5294.

MEDICAL INFORMATION:

Physician's Name: _____ Phone: _____

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

Will your child require one-on-one assistance? Y or N If yes, please explain: _____

Is your child taking any medication? Y* or N If yes, please explain: _____

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.**

EMERGENCY MEDICAL CARE WAIVER:

This authorizes Barrington Park District 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.

Parent/Guardian Signature: _____ Date: ___/___/___

Relationship to the child: _____

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.

Parent/Guardian Signature: _____ Date: ___/___/___

Relationship to the child: _____

WAIVER OF CONFIDENTIALITY:

I authorize the professional staff of _____ in Barrington 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 2019 – 2020 academic school year.

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

Relationship to the child: _____

PARENT HANDBOOK AGREEMENT:

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:** ____/____/____

Relationship to the child: _____

WAIVER, RELEASE OF ALL CLAIMS & 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. I HAVE READ AND FULLY UNDERSTAND THE WAIVER and warning of risk, assumption of risk and waiver 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:** ____/____/____

Relationship to the child: _____



K.E.E.P. E.F.T Monthly Authorization

Before/After School 2019-2020 Program

Please complete the form below if you would like to pay your monthly tuition via auto payment.

If you would prefer to be billed and pay via check or 1-time charge you will receive a bill on 15th of the month and it will be due on the 1st of the following month. Payments are charged 8/1/19 – 5/1/20.

Card Holder's Name as written on the card: _____.

Card number: Mastercard, Visa & Discover ONLY

4- Digit Expiration Date:

Child's Name(s):

Monthly Tuition \$

\$ _____
\$ _____
\$ _____
\$ _____

TOTAL Amount per Month:

\$ _____

For: AM K.E.E.P. P.M. K.E.E.P.
(mark all that apply)

This form authorizes the Barrington Park District K.E.E.P. Program administrator to charge the monthly K.E.E.P. tuition due, for the above named child/ren, **ON A MONTHLY BASIS**, to the above indicated credit card starting on 8/1/19 (or upon registration) and then on the first (1st) of each consecutive month through 5/1/20.

Card Holder's Signature

Date



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

Only complete this form if you do NOT want to sign-up for auto payment.

You will only be charged your deposit and registration fees on this card. You will be responsible for all future payments that are due on the 1st of the month, 8/1/19 – 5/1/20.

Card Holder's Name as written on the card: _____

Card number: Mastercard, Visa and Discover ONLY

4- Digit Expiration Date:

 /

Amount: _____

Child's Name: _____

Payment for: _____

Signature: _____ Date : _____

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