



CARE APPLICATION FORM 2019-2020 SCHOOL YEAR

Application Date: (date completed form)	CARE Start Date: (3 weeks notice is required)
--	--

CHILD'S INFORMATION

Child's Full Name:		
Date of Birth:	Age at Enrollment:	Gender:
Home Address:	City	Zip Code
Preferred Phone Number: Mobile <input type="checkbox"/> Home <input type="checkbox"/> Check one box	Email Address:	

SCHOOL INFORMATION

School:	Grade:	Teacher:
---------	--------	----------

MEDICAL INFORMATION

Child's Physician:	Phone:
Child's Dentist:	Phone:
Allergies: (food, insect bits, medicine, etc)	Special Activity Restrictions or Health Needs:
Regular Medications: (Please complete Medication Authorization & Release form)	

INCLUSION SERVICES

If the participant has a disability and will need reasonable accommodations to participate in the Park District program, please check this box. Accommodations may include additional training to park district staff, program adaptations, modified equipment, and when necessary, an inclusion companion to assist the registrant. In order to provide the best customer service, we ask for at least two weeks' notice prior to the start of the program.

PARENT/GUARDIAN INFORMATION

Mother:	Father:
Home Address: (if different from child's)	Home Address: (if different from child's)
Mobile Phone Number: Mobile Phone Carrier:	Mobile Phone Number: Mobile Phone Carrier:
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
Preferred Phone Number: Home <input type="checkbox"/> Mobile <input type="checkbox"/>	Preferred Phone Number: Home <input type="checkbox"/> Mobile <input type="checkbox"/>
Email:	Email:

CUSTODY SITUATIONS

Both parents will be allowed to pick up their child at any time unless you provide legal documentation such as court orders explaining your custody arrangement. Please bring your most current documents to the office and we will copy the sections pertaining to custody. Documents from past school years need to be re-submitted.

CARE WILL BE NEEDED:	Monday	Tuesday	Wednesday	Thursday	Friday
Before School 6:30-8:45am					
After School 3:15-6:00pm					



EMERGENCY CONTACTS: List three (3) people to contact when you cannot be reached. These people must be included on the authorized pick up list.

Name	Phone	Relationship to Child
1.		
2.		
3.		

AUTHORIZED PICK-UP LIST: List all persons authorized to take your child from the program, including yourself and spouse, if applicable.

Name	Address	Phone
1.		
2.		
3.		
4.		
5.		
6.		

- I understand that my child will be released ONLY to those listed above and agree to amend my list as needed. I also understand that when my child has been released to one of the above-names people, his or her welfare is no longer the responsibility of the Sugar Grove Park District Before and After School CARE program.
- I give permission for the Sugar Grove Park District Before and After School CARE program to photograph my child while involved in CARE activities. Photographs may be placed in our brochure or other publications. I understand that my child's full name will be disclosed only with prior permission.
- My child has permission to go on walking field trips while attending the Sugar Grove Park District Before and After School CARE program.
- Sugar Grove Park District Before and After School CARE staff has my permission to evaluate simple injuries and apply first aid if necessary.
- In the event of a serious injury or illness, and if I cannot be reached, staff has permission to authorize emergency treatment (including anti-tetanus serum if necessary) for my child.

Preferred Hospital or Doctor Office:	Address:	Telephone:
--------------------------------------	----------	------------

 Parent or Guardian Signature

 Date



Medication Authorization & Release Form

Please complete this form only if child will require medication during the CARE program. **If medication is an inhaler or auto-injector – please complete waiver & release on next page.**

Child's Name:	School:
Date of Birth:	Date of Application:
Medication:	Date of this Order:
Possible Side Effects:	Intended Effects of this Medication:
Dosage and Time to be Given:	_____ Child has permission to self-administer asthma inhaler

PARENT AUTHORIZATION

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Sugar Grove Park District CARE Program and its employees and agents, on my behalf and stead, to administer or to attempt to administer my child lawfully prescribed medication as prescribed by the physician. I further acknowledge and agree that I waive any claims I might have against the Sugar Grove Park District and its employees and agents arising out of the administration or attempted administration of medication to my child. I further agree to indemnify and hold harmless Sugar Grove Park District and its employees and agents, either jointly or severally, against any claims arising out of the administration or attempted administration of medication to my child. If my child is authorized to self-administer asthma medication, I acknowledge and agree that Sugar Grove Park District and its employees and agents are to incur no liability as a result of any injury arising from the self-administration of medication by my child. I further agree to indemnify and hold harmless Sugar Grove Park District and its employees and agents, either jointly or severally, against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by my child.

Parent or Guardian Signature

Date



**Sugar Grove Park District
Waiver & Release of All Claims
For Use of Inhaler or Auto-Injector**

Waiver and Release of All Claims & Indemnification

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/7 et seq., 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 in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at CARE, a CARE-sponsored activity, event or program; except for claims arising out of the willful and want conduct of the Sugar Grove Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in CARE. I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, 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 possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

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 or arising out of the possession, self-administration, or use of medication against the Sugar Grove Park District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and want conduct of the Sugar Grove Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Sugar Grove Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Sugar Grove Park District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the Sugar Grove Park District.

I have read and fully understand the above waiver and release of all claims and indemnification.

PLEASE PRINT

Participant's Name: _____

Parent/Guardian's Signature: _____

Date: _____

PARTICIPATION WILL BE DENIED
If the signature of parent/guardian and date are not on this waiver.



PARENT- PROVIDER CONTRACT

My child _____ is enrolled in the Sugar Grove Park District Before and After School CARE program for the _____ school year.

- I agree to enroll in one of two programs for payment of CARE:
(1) E-Z Pay which will automatically debit monthly fees from my checking or savings account, or
(2) Automatic debit of monthly fees on my credit card
- I agree to pay late pick-up fees, if they are assessed, in accordance with the policy. Just a reminder, they are as follows: \$25 for up to 15 minutes late, \$50 for up to 30 minutes late and \$75 for up to 45 minutes, etc. If there are several occurrences it is possible that my child could be suspended from the program.
- I agree to provide a three-week notice prior to withdrawing from the program by submitting a completed "CARE Program Change/Cancellation Form."
- In addition to any bank charges, I will be charged a \$20 fee for debit, credit, or returned checks due to insufficient funds.
- I agree that it is my responsibility to notify the Park District of any changes/updates regarding my information for automatic debit processing. I also agree to pay any fees the Park District incurs because of my failure to update this information.
- You agree to receive text messages from Sugar Grove Park District via an automatic text messaging system.

I have read and agree to follow the policies and procedures as outlined in the Parent Handbook including the sections on behavior management, health, medications, administration, and schedule changes. I realize that both parents and children must follow the rules and regulations it contains in order to participate in the Before & After School CARE Program.

Parent or Guardian Signature

Date



Payment Authorization

Parents may choose between two payment options when signing their children up for the CARE program. The payment options are an automatic withdrawal from your checking account each month or having your credit card automatically charged each month. It is your responsibility to let the Park District know if you change your checking account, credit card, or if your credit card on file has expired.

1. **E-Z Pay:** Instead of writing a check each month for CARE services for your children, your checking or savings account will be automatically debited for your monthly fees for CARE on the **15th every month**. We will automatically send you an e-mail containing your receipt showing the amount withdrawn from your checking account. Your checking account can be with any bank within the United States.
2. **Credit Card:** The second option is to have your credit card automatically debited for your monthly fees for CARE on the **15th every month**. We will automatically send you an e-mail containing your receipt showing the amount charged to your credit card on file.

How It Works

- ❖ The first step is to decide which option you prefer. Then, sign and return the appropriate authorization form to us.
- ❖ Then, each month we will process your monthly CARE fees according to the fee schedule. You will be notified via e-mail the amount being processed for that month. If you decide to change payment options, you may do so. Just fill out the appropriate form and return it to our office.
- ❖ Please rest assured this sensitive information is kept in a secured, locked file cabinet.

Payment Structure

15 th	Payment due date
16 th	\$20.00 late fee or NSF service fee charged
1 st	Child no longer accepted in program. Enrollment terminated. Child must be re-enrolled with full month payment and fees/charges incurred.

If you have any questions about the payment options for CARE, please do not hesitate to contact the Sugar Grove Park District at (630) 466-7436



E-Z Pay

AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

Name(s): _____
 Address: _____
 City/State: _____
 E-Mail Address: _____
 Phone: _____

Office Use Only	
Child's Name:	_____
School:	_____
Before	_____ After _____
# of Days	_____

The undersigned hereby requests and authorizes **Sugar Grove Park District** to initiate the following preauthorized transactions my bank account.

Your Bank Information { Routing Number: _____
 Account #: _____
 Checking or Savings (circle one)
 Amount of Transfer: \$ _____

The transfer shall occur on the 15th day of each month.

The amounts will vary month to month. Please review the monthly fees in the Parent Handbook for this school year to locate the highest fee. Enter that amount on the line above, "Amount Not to Exceed \$".

I/we agree to maintain a sufficient balance in my/our account to cover the transfer requested by the above authorization. If the balance in my/our account to be charged is insufficient to cover the transfer authorized, a bank fee of \$20.00 for each occurrence will be assessed in addition to the monthly CARE fee and the bank may cancel this authorization immediately without notice and otherwise exercise its rights and remedies under applicable law and the rules and regulations governing savings, checking and loan accounts. The account will remain subject to its individual terms and conditions, which are not changed by this authorization. The authorization will remain intact until so terminated by the company or bank in writing. If fee is not paid in full by the 1st of the month, child will no longer be accepted into program and enrollment is terminated immediately.

Date: _____

By: _____
 Signature (customer)

By: _____
 Signature (customer)



CREDIT CARD AUTHORIZATION FORM

Name(s): _____
Address: _____
City/State: _____
E-Mail Address: _____
Phone: _____

Office Use Only
Child's Name: _____
School: _____
Before _____ After _____
of Days _____

The undersigned hereby requests and authorizes **Sugar Grove Park District** to initiate the following preauthorized transactions to my Credit Card. We only accept Visa, MasterCard and Discover. We **do not** accept **American Express**.

*Your
Credit Card
Information*

Card Number: _____
Expiration Date: _____ CVV Number: _____
Amount Not To Exceed: \$ _____
The charge to your credit card shall occur on the 15th day of each month.

The amounts will vary month to month. Please review the monthly fees in the Parent Handbook for this school year to locate the highest fee. Enter that amount on the line above, "Amount Not to Exceed \$".

If the balance in my/our account to be charged is insufficient to cover the charged amount authorized, a bank fee of \$20.00 for each occurrence will be assessed in addition to the monthly CARE fee. If fee is not paid in full by the 1st of the month, child will no longer be accepted into program and enrollment is terminated immediately.

I/we agree to pay the total monthly fee, the amount no higher than entered above, according to the card issuer agreement. I hereby authorize Sugar Grove Park District to charge the above credit card for the appropriate monthly fee as per schedule of month CARE fees.

I, _____, authorize my credit card to be charged with the appropriate monthly fee for CARE as per attached schedule. I am aware that I will receive a receipt from Sugar Grove Park District and that receipt will act as my record of the transaction.

Date: _____

Sign: _____



CARE Behavior Contract

Please review and discuss these guidelines with your child and understand that this is the basic foundation of what is expected of your child while participating in the CARE program. Not all expectations of behavior can be written and listed here; however, students are expected to follow rules and not violate the rights of others. Please refer to the behavior management policy in the Parent Handbook for specifics on how undesired behavior will be handled at CARE

- I understand that all school rules are in effect during CARE My child will follow all rules set forth in the student handbook and conduct themselves in an appropriate way.
- I understand that hurting others, physically or verbally will not be tolerated, including but not limited to: hitting, pushing, punching, choking, spitting, biting, kicking and name calling.
- I understand that my child must try to keep hands and feet to themselves and respect other’s personal space.
- I understand that my child is expected to listen and respond to directions given by adults the first time they ask.
- I understand that my child must stay within sight of CARE staff indoors and outdoors at all times and is not permitted to leave the room or area of activity without permission.
- I understand that it is the responsibility of my child to clean up after themselves - snacks, toys, games, etc.
- I understand that when playing any kind of game, either in the gym or the multi-purpose room, my child must show good sportsmanship and not fight or argue.
- I understand that if someone hits, threatens, teases, or plays unfairly, my child will tell them how they feel. If the other child won’t listen, my child will ask an adult for help. My child will not hit or yell. The adults will help my child with ways to care for themselves in these situations.
- I understand that the CARE site will have site specific rules that my child is expected to follow and that following the rules and expectations of CARE will ensure a fun experience.

I have gone over the Behavior Contract with my child and agree to support the CARE Program staff within the stated guidelines.

Parent or Guardian Signature _____ Date _____

Staff Initials _____