



**AFTER SCHOOL RECREATION (ASR)
REGISTRATION PROCEDURES – Fall 2017**

1. Complete this registration form and sign the waiver.
2. Read and sign the Cancellation Policy.
3. Pick a payment method – full payment, Electronic Funds Transfer (EFT) from checking account or credit card
4. For EFT: pay \$50 down-payment **per child/per day**.
 - a. Complete the EFT form enclosed.
 - b. To be included in that months EFT process registrations need to be received prior to the 10th of the month.
 - c. Submit a voided check or credit card information.

REGISTRATION FORM

Parent/Guardian Name: _____

Child's Name: Last: _____ First: _____

Age: _____ Birthdate: _____ Grade: _____ Gender: _____

Address/City/Zip: _____

Phone #'s
Home: _____ Work: _____ Cell: _____

Email address/es: _____

Dates: August 16 – December 22, 2017
NO ASR: Sept. 4 & 25, Oct. 9, 26-27 and Nov. 22-24
Location: Held at Centennial Elementary School

ID#	DAY	TIME	FEE	FEE	CHECK DAYS
			BEFORE 8/09	AFTER 8/09	
30480-01	MON	2:30-6PM	\$230	\$255	<input type="checkbox"/>
30480-02	TUES	2:30-6PM	\$274	\$299	<input type="checkbox"/>
30480-03	WED	2:30-6PM	\$274	\$299	<input type="checkbox"/>
30480-04	THUR	2:30-6PM	\$259	\$284	<input type="checkbox"/>
30480-05	FRI	2:30-6PM	\$259	\$284	<input type="checkbox"/>

Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in Park District program(s) you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of Park District program(s).

1. I recognize and acknowledge that there are certain risks of physical injury to participants in Park District program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).
2. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the Park District and its officers, agents, servants, and employees.
3. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss of which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).
4. I further agree to indemnify and defend the Park District and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s).
5. In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

The Bartlett Park District reserves the right to photograph or videotape participants in Park District programs, facilities or parks for the District's promotional materials. If you would like to submit a photo for publication please send it to sfitzsimons@bartlettparks.org

I, the undersigned, have fully read and understand the above 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.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

(If 18 years or older)

Payment Options and Cancellation Request Policy

Select one of the payment options:

- PAY IN FULL at time of registration**
- MONTHLY ELECTRONIC TRANSFER (EFT) From Checking Account (include voided check)**
- MONTHLY ELECTRONIC TRANSFER (EFT) From Credit Card (fill out information below)**

Account Holder's Name _____ Date _____

Credit Card Number _____ Exp. Date _____ CID _____

Initial _____ A \$25 fee is charged for each bank refused payment or credit card decline

The EFT is processed on the 15th of each month. Monthly payment amounts vary depending on the number of days per week a child will attend and the date the registration is received. ***There is a \$3/monthly administrative fee to be included with your deposit.***

EFT Processed	Payment Covers
July 15	August
August 15	September
September 15	October
October 15	November
November 15	December

DEPOSIT

\$50 Deposit **Per child/per day** Paid By: CASH CHECK CREDIT CARD (circle one)

V/MC/DISC/AMEX _____ / _____ / _____ Exp: _____ Security #: _____

ASR Request of Cancellation Policy

- Once registered, all deposits are non-refundable and non-transferable for any reason including enrollment elsewhere.
- There are no refunded, credit or transferable funds available.
- The Bartlett Park District reserves the right to review and make final decisions on all cancellation requests.

I have read in full, understand and agree to the above ASR Cancellation Request Policy.

Signature Required: _____ Date: _____

Special Accommodations/A.D.A

Please list any medications that need to be dispensed at programs, allergies or describe special modifications needed for successful inclusion into the program(s). A two week notice is recommended.-

****DO NOT COMPLETE THIS FORM IF PAYING IN FULL****

Electronic Funds Transfer Payment Plan Request and Agreement

Important note: Participation in the EFT and the dollar amount of the billing is dependent upon the date the registration form is received and the cost of the program. All EFT's are processed on the 15th of the month.

Registrations received prior to the 10th of the month will be billed for all programs beginning the following month (unless stated otherwise in the program payment description).

Registrations received after the 10th of the month are required to pay for all programming occurring during that same month.

1. Complete and submit this form to the Registration Counter.
2. Attach this form to the Registration Form
3. Make the appropriate down payment
4. Attach a voided check or credit card information

Parent/Guardian's Name: _____ Child's name(s): _____

Minimum \$ 50 down payment per/ child/per session \$ _____

Plus electronic funds transfer fee (\$3/month) + \$ _____

Total (due at this time) = \$ _____

Only completed registrations received accompanied by down payment, voided check, or credit card information prior to the 10th of the month is eligible to participate.

I agree to pay a \$3 per month non-refundable EFT service charge. I further agree to pay a \$25 service charge for each electronic check or credit card decline. In the event I change or close my checking account or credit card, I agree to supply the Registration Office, in writing with my new information no less than 5 days prior to the next EFT scheduled payment. Should I no longer have a qualified checking account or credit card, I agree to pay all outstanding balances in full immediately.

I agree further to the Bartlett Park District's cancellation and transfer policy of 7 or more working days in advance and in addition understand that cancellations from the EFT program need to be submitted in writing prior to the 10th of the month.

Signature of Checking Account Holder

Date

****PLEASE SUBMIT THIS FORM TO THE ASR SITE SUPERVISOR ON THE FIRST DAY YOUR CHILD ATTENDS****
*****DO NOT LEAVE THIS FORM WITH THE REGISTRATION COUNTER*****

After School Recreation (ASR) Emergency Information Form

In order for the ASR Staff to meet the needs of your children please complete the following information.

Participants Name: _____ Nickname: _____

Age: _____ Gender: _____ Birth date: _____ Grade: _____

Home Address: _____

E-mail: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

In case of emergency when parents are not available please call: _____

Relationship: _____ Cell Phone: _____

Please list any allergies (seasonal, food, medicines) we should be aware of: _____

My child will be picked up daily by: _____

The following people have permission to pick up my child:

Names: _____

Is there anyone that is restricted from picking up your child from ASR? Yes No

Name: _____ Relationship: _____

In the interest of safety, ASR Staff may require to see a photo ID from the person picking up before allowing your child to leave. If someone other than yourself is picking your child up please advise that they may be asked to show a photo ID. Please do not be offended by this request.

Parent/Guardian Signature: _____ Date: _____