

ROUND LAKE AREA PARK DISTRICT  
**2019-2020 Before & After School Age Program**  
Cover Sheet

NAME OF CHILD \_\_\_\_\_ DATE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
PHONE # AT HOME \_\_\_\_\_ AT WORK \_\_\_\_\_  
CELL # \_\_\_\_\_ E-Mail \_\_\_\_\_

**My child will start on this date:** \_\_\_\_\_

- Verified Residence
- Emergency Contact Pick-up Form
- Emergency Card Form #2
- Waiver and Release Form #3
- Financial Agreement Form #4
- Permission Form #5
- School Age History Form #6
- Behavioral Contract Form #7
- School's Out Hang Out
- EFT Authorization Form – **ATTENTION REGISTRATION STAFF!!**

OFFICE USE ONLY

**EFT FORM – ATTENTION REGISTRATION STAFF!!**

PLEASE LOOK FOR EFT FORM AND PULL FROM PACKET.

PLEASE GIVE TO REGISTRATION MANAGER.

**Double Check the Following:**

- CHECKING/SAVING ACCOUNT:  
Voided check is needed, Routing and Account Number needs to be listed.
- CREDIT/DEBIT CARD:  
Credit/Debit Number, Expiration Date and Security Code must be listed.
- The form needs to be Completed, Signed and Dated.

## Emergency Contact Pick-up Form

Child's Name \_\_\_\_\_

Camp \_\_\_\_\_

Parents' Name:      Mother \_\_\_\_\_ Family's Last Name \_\_\_\_\_

                                Father \_\_\_\_\_

We give permission that in case of illness, accident or late pick-up and we are unable to pick-up our child, one of the following individuals has permission to do so.

Name	Address	Phone Number	Relationship

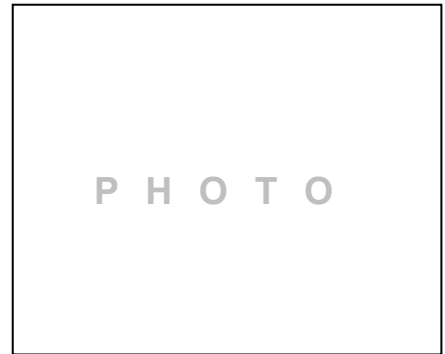
Signed: \_\_\_\_\_ Date \_\_\_\_\_

**ROUND LAKE AREA PARK DISTRICT  
EMERGENCY CARD FORM #2**

Please fill out this application *completely*. Accurate information is necessary so that we may best serve your child. It is *your* responsibility to notify us immediately of any changes in employment or residence.

Program: \_\_\_\_\_  
Grade: \_\_\_\_\_  
School: \_\_\_\_\_

Date \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_



**CHILD'S PERSONAL INFORMATION:**

Gender:  Male  Female  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Any other distinguishing characteristics? (i.e.: birthmarks, scars, etc.) \_\_\_\_\_

**MOTHER'S FULL NAME** \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**FATHER'S FULL NAME** \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Employer \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**IN CASE OF EMERGENCY IF PARENT CANNOT BE REACHED:**

Name \_\_\_\_\_ Phone No./Relationship \_\_\_\_\_ / \_\_\_\_\_  
Address, City, State, Zip Code \_\_\_\_\_

**SECOND PERSON TO CONTACT:**

Name \_\_\_\_\_ Phone No./Relationship \_\_\_\_\_ / \_\_\_\_\_  
Address, City, State, Zip Code \_\_\_\_\_

**MEDICAL HISTORY:**

Allergies List \_\_\_\_\_  
Any Foods Your Child Cannot Eat? \_\_\_\_\_  
Routine Medications List \_\_\_\_\_  
Surgery/Operations \_\_\_\_\_ Year \_\_\_\_\_ Results \_\_\_\_\_  
Date of Last Tetanus \_\_\_\_\_ Childhood Immunizations Up-to-Date?  Yes  No  
Is Child Exempted from Any Activities?  Yes  No If Yes, Please Explain: \_\_\_\_\_  
Injuries/Accidents \_\_\_\_\_ Year \_\_\_\_\_ Results \_\_\_\_\_  
Any Additional Information Teacher Should Be Aware Of: \_\_\_\_\_  
Family Physician (Name/Address/Phone) \_\_\_\_\_  
Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

**CONSENT FOR TREATMENT:**

This Consent will be valid from \_\_\_\_\_ until rescinded in writing by the Parent or Guardian. In a medical emergency, I give my parental consent for the Round Lake Area Park District to take my child \_\_\_\_\_ to the nearest hospital or medical clinic to receive necessary medical attention if the Round Lake Area Park District is unable to contact the Parent or Guardian.

Signed \_\_\_\_\_ Relationship \_\_\_\_\_

**FORM #3** Please read this form carefully and be aware that, in signing up and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

**PROGRAM** SCHOOL AGE PROGRAM

**DATES** AUGUST, 2019 – JUNE, 2020

**PARTICIPANT'S NAME** \_\_\_\_\_

**Important Information**

The Round Lake Area 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 Round Lake Area Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for the listed 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 are 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.

**Warning of Risk**

Recreational activities/programs 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/program. 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, slipping, falling, 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/programs exist. In this regard, it must be recognized that it is impossible for the Round Lake Area Park District to guarantee absolute safety.

**Waiver and Release of All Claims**

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, 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 said program/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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/activities against the Round Lake Area Park District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Round Lake Area Park District, including its officials, agents, volunteers and employees from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

**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 via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.**

**PARTICIPATION MUST BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required if participant is under 18 years of age)

**Round Lake Area Park District  
2019-2020 School Age Program  
Financial Agreement Form #4**

<b>Office Use Only</b>
Registration Staff Initials _____
Date _____

<b>1 Child's Name:</b>		<b>2 Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>3 Birthdate:</b>	<b>4 Grade in Fall 2019:</b>
<b>5 ✓ School Attending:</b>					
* The Child Development Center is closed: 09/02/2019, 11/28-29/2019, 12/23-27/2019, 12/31/19-01/01/20 and 05/25/2020. Early Release/Half-Days are included in the After School program tuition and Late Start Days are included in the Before School program tuition. Non-School Days are NOT included in the Before/After School Program (School's Out Hang Out is available for an additional fee).					
<b>6 ✓ Program and Related Fee(s)</b>		<b><u>Weekly Attendance &amp; Monthly Fees</u></b>		<b>7 ✓ Days Needed:</b>	<b>8 Payment:</b>
		<b>Resident</b>	<b>Nonresident</b>		
<input type="checkbox"/> <b>Before</b> School Rate:	<input type="checkbox"/> 5 days \$189/month <input type="checkbox"/> 4 days \$270/month <input type="checkbox"/> 3 days \$204/month <input type="checkbox"/> 2 days \$138/month <input type="checkbox"/> 1 day \$ 72/month	<input type="checkbox"/> 5 days \$208/month <input type="checkbox"/> 4 days \$297/month <input type="checkbox"/> 3 days \$224/month <input type="checkbox"/> 2 days \$152/month <input type="checkbox"/> 1 day \$ 79/month		<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri.	<input type="checkbox"/> 2 <sup>nd</sup> Child Discount, if applicable. <input type="checkbox"/> Military Discount, if applicable.
<input type="checkbox"/> <b>After</b> School Rate:	<input type="checkbox"/> 5 days \$327/month <input type="checkbox"/> 4 days \$405/month <input type="checkbox"/> 3 days \$306/month <input type="checkbox"/> 2 days \$207/month <input type="checkbox"/> 1 day \$100/month	<input type="checkbox"/> 5 days \$360/month <input type="checkbox"/> 4 days \$445/month <input type="checkbox"/> 3 days \$336/month <input type="checkbox"/> 2 days \$227/month <input type="checkbox"/> 1 day \$110/month		<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri.	<b>TOTAL MONTHLY PAYMENT:</b>

<b>INITIAL PAYMENT</b>	New students must pay their first month's tuition at the time of registration.
<b>PAYMENT PROCEDURES</b>	<p>A \$25.00 late fee will be charged for payments received after 12:00 p.m. on the 15<sup>th</sup> day of the month prior to participation. <b><u>Accounts over two (2) weeks past due will result in the child's removal from the program.</u></b> Returned checks will result in \$15.00 service fee.</p> <p><b>Full-time:</b> Is considered five (5) days a week. There will be times when school holidays fall on days your child is scheduled to attend the Before/After program. The entire 2019-2020 school year calendar is taken into consideration when determining monthly fees. There will be no credit issued for these days or substitutions allowed. The Center needs to be notified in writing by the 15<sup>th</sup> of the month prior if dropping or changing to a flex day. There is a one-time \$50.00 discount for a second sibling enrolled full-time.</p> <p>The School's Out Hang Out program is offered for full days off and participants will need to pay a separate fee for those days.</p> <p><b>Part-time:</b> Is considered a minimum of one (1) day and up to four (4) days per week. You are responsible for full tuition for any absences. The Center needs to be notified in writing one (1) month prior for any day changes for the upcoming month. No adjustments will be made after absence.</p>
<b>LATE PICK-UP</b>	You will be charged \$10.00 per child for every 15 minutes you are late picking your child up after 6:00 p.m.

**9 TUITION AGREEMENT:**

My child is enrolled in the Round Lake Area Park District's School Age program. The total monthly fee is \$\_\_\_\_\_. I have read and understand the Financial Agreement and agree to be responsible for all fees incurred by my child as a result of his/her participation in the School Age program. I understand failure to comply will result in removal of my child from the program.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Round Lake Area Park District  
**PERMISSION FORM #5**

*Please initial each section below, and sign the bottom.*

**I GIVE MY CONSENT TO THE ROUND LAKE AREA PARK DISTRICT FOR MY CHILD,**

\_\_\_\_\_, **TO:**

- Be transported by Round Lake Area Park District (RLAPD) staff in a district van, car, or rented school bus for field trips.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- I authorize the RLAPD staff to leave the school or school area with my child/ward for the purpose of park visits, or excursions under staff supervision.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- In an emergency, I give my consent for staff members to take my child to the nearest hospital or medical clinic to receive necessary medical attention, if unable to contact either parent.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- I give my consent to allow my child to be photographed, without compensation, for possible use in park district newsletters, brochures, social media or other publicity materials.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- While under the care and supervision of the RLAPD staff, I give consent for the district staff to administer First Aid to my child as needed.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- I give my consent to allow RLAPD staff to apply sunscreen / insect repellent to my child as needed.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- I acknowledge that I have received and read the Round Lake Area Park District Child Development Center Parent Handbook, which contains policies and procedures for the Child Development Center programs.

I agree to abide by all the policies and procedures stated in the Round Lake Area Park District Child Development Center Parent Handbook.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Print Parent / Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

**ROUND LAKE AREA PARK DISTRICT  
CHILD DEVELOPMENT CENTER  
SCHOOL AGE HISTORY FORM #6**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Last First Month / Day / Year

How did you hear about our programs?  Park District Brochure  Advertisement  Referral  Website

Has child previously attended a childcare center?  Yes  No

If Yes, where? \_\_\_\_\_ For how long? \_\_\_\_\_

**PERSONAL**

What elementary school will your child be attending? \_\_\_\_\_ Grade \_\_\_\_\_

Is your child now, or ever have been, enrolled in any type of special education program?  Yes  No

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

How would you rate your child in relation to his school experience?

His/her experience has been:  Successful  Difficult  Troubled  Enjoyable

Comments: \_\_\_\_\_  
\_\_\_\_\_

**SOCIAL**

Does your child spend time with both parents? \_\_\_\_\_

If you are separated, how often does your child see the absent parent? \_\_\_\_\_  
\_\_\_\_\_

Has your child participated in any group situation outside of school, i.e. camp, sports, scouts, day care, etc.?  
\_\_\_\_\_

Do you feel your child can successfully participate in a group of 20 children with one adult?  Yes  No

Do you anticipate any special needs? \_\_\_\_\_

How does your child express his/her feelings? \_\_\_\_\_

What do you feel is the best way of disciplining your child? \_\_\_\_\_

In what particular way can we help your child? \_\_\_\_\_  
\_\_\_\_\_

**MEMBERS OF HOUSEHOLD AND THEIR RELATIONSHIP TO CHILD**

_____	_____
_____	_____
_____	_____

**Round Lake Area Park District  
BEHAVIORAL CONTRACT FORM #7**

The Round Lake Area Park District has adopted a Behavior Management Program called P.B.I.S. – Positive Behavior Intervention Strategies. P.B.I.S. assists us in creating a school culture that encourages positive behavior and interactions, while discouraging problematic behavior. The process focuses on expectations, rather than rules; however there are still rules in place. The expectations set by the park district are: *Be Ready, Be Safe, Be Kind*. Staff will use a positive approach to behavior management; please refer to the Parent Handbook for the detailed policy. If inappropriate or unacceptable behavior occurs, prompt resolution will be sought using the steps outlined in the parent handbook.

**A). General Unacceptable / Inappropriate Behaviors**

- 1). Any aggressive behavior, (slapping, punching, kicking, biting, etc.), whether it is initiated or in retaliation.
- 2). Any disrespectful behavior toward staff and/or other participants.
- 3). Continuous disruptive behavior.
- 4). Any swearing or inappropriate language.

**B). Routine Procedures**

1). *First Warning*

The first time any inappropriate/unacceptable behavior occurs, the parent will be notified by phone, or written letter. If that behavior occurs again that day, the parent(s) will then be called to come and remove the child from the program for the remainder of that day.

2). *Second Warning*

If a child continues to display any unacceptable/inappropriate behavior after a first warning has been given, the child will then receive a written note of the second warning. This note will state the unacceptable/inappropriate behavior of the child and notify the parent(s) that one more incident of such behavior could lead to possible removal from the program. This letter must be signed by a parent and returned to the Director the next day of school.

3). *Third and Final Warning*

After a first and second warning have been issued and an inappropriate behavior is once again displayed, the parent(s) will be contacted by phone and in a written notice that their child must be removed from the program for a certain period of time or permanently, depending on the severity of behavior.

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**Please Return This Bottom Portion Only**

I have read the behavioral standards of the Round Lake Area Park District. I have also received a copy of the Parent Handbook, which includes the Behavioral Standards Policy / P.B.I.S. program of the Round Lake Area Park District.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_



## Round Lake Area Park District 2019-2020 School's Out Hang-Out Registration

Child's Name	Birthdate	
Grade in Fall, 2019	School	
Hours	Member Fee (Enrolled in Before / After Full-Time)	NonMember (Not Enrolled in Full-Time Before / After)
#1. 6:30 am - 3:00 pm	\$34.00 / day	\$43.00 / day
#2. 6:30 am - 6:00 pm	\$40.00 / day	\$50.00 / day
#3. 9:00 am - 3:00 pm	\$24.00 / day	\$30.00 / day
#4. 9:00 am - 6:00 pm	\$39.00 / day	\$45.00 / day

Please check for each day that your child will be attending:

AUGUST, 2019		
Day	Date	Hours Needed
<input type="checkbox"/> M	08/12/19 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> T	08/13/19 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> W	08/14/19 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> R	08/15/19 <b>BH GL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> F	08/16/19 <b>BH GL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> M	08/19/19 <b>BH GL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> T	08/20/19 <b>BH GL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> W	08/21/19 <b>GL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4

JANUARY, 2020		
Day	Date	Hours Needed
<input type="checkbox"/> M	01/20/20 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4

OCTOBER, 2019		
Day	Date	Hours Needed
<input type="checkbox"/> M	10/14/19 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> R	10/24/19 <b>RL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> F	10/25/19 <b>RL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4

FEBRUARY, 2020		
Day	Date	Hours Needed
<input type="checkbox"/> M	02/17/20 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4

NOVEMBER, 2019		
Day	Date	Hours Needed
<input type="checkbox"/> F	11/08/19 <b>GL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> M	11/11/19 <b>RL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> R	11/14/19 <b>BH</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> F	11/15/19 <b>BH</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> M	11/25/19 <b>RL GL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> T	11/26/19 <b>RL GL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> W	11/27/19 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4

MARCH, 2020		
Day	Date	Hours Needed
<input type="checkbox"/> M	03/02/20 <b>RL BH</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> F	03/20/20 <b>RL GL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> M	03/23/20 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> T	03/24/20 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> W	03/25/20 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> R	03/26/20 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> F	03/27/20 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4

APRIL, 2020		
Day	Date	Hours Needed
<input type="checkbox"/> F	04/10/20 <b>ALL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4

MAY, 2020		
Day	Date	Hours Needed
<input type="checkbox"/> F	05/01/20 <b>RL</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
<input type="checkbox"/> F	05/29/20 <b>RL BH</b>	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4

**Legend:**

- ALL**..... All schools are Off
- RL**..... Round Lake Area School District #116 is Off
- BH**..... Big Hollow School District #38 is Off
- GL**..... Grayslake School District #46 is Off

M / Monday ▪ T / Tuesday ▪ W / Wednesday ▪ R / Thursday ▪ F / Friday

Dates Subject to Change.

08/09/2019

## Electronic Funds Transfer (EFT)

Dear Parents,

The Round Lake Area Park District is happy to offer the Electronic Funds Transfer (EFT) for the Child Development Center, Nine-Month Dance Programs, Summer Camps, and KiMudo/Tae Kwon Do with financial contracts for scheduled payments.

### HOW EFT WORKS:

1. Pick up an EFT authorization form at the:
  - Robert W. Rolek Community Center, 814 Hart Road, Round Lake, OR
  - Sports Center, 2004 Municipal Way, Round Lake Beach
2. Complete either the Checking/Savings OR Credit/Debit Card EFT Authorization Form.
3. For checking/savings account option, please attach a voided check to the EFT Authorization Form. Deposit slips will not be accepted.
4. *In a sealed envelope, turn your paperwork in to the Robert W. Rolek Community Center registration desk, 814 Hart Road, Round Lake NO LATER THAN ONE (1) WEEK before processing for the EFT payment to begin.*

### THEN YOUR PART IS DONE. . .

5. Your information will then be entered into the District's registration system and processed through the District's banking institution.
6. A letter confirming the receipt of your EFT information will be mailed to you.
7. **Please be aware, your account will show payment as pending through ACT or Active as Payee until the electronic funds transfer is processed. Once the transfer is completed, your account will show payment to RLAPD.**

If you are interested or have any questions about participating in the EFT, please contact Registration Monday through Friday, 8:00 a.m.-4:00 p.m. at 847.546.8558.

EFT's will be processed:	Weekly EFT's Automatic EFT on Saturdays	Monthly EFT's Automatic EFT on the 15 <sup>th</sup> of Month
Full-Day Preschool	✓	
Half-Day Preschool		✓
Before & After School Age Club		
Summer Camps	✓	✓ (Automatic EFT on the 1st of the Month)
Nine-Month Dance Programs		✓
KiMudo / Tae Kwon Do		✓

Thank you.

<b>CHECKING/SAVINGS ACCOUNT</b>	Please PRINT Child(ren's) Name(s)



## Electronic Funds Transfer (EFT) Authorization Scheduled Payments

- **CAMP**  
Summer camp programs run from June through August.
- **Nine-Month Dance Programs**  
Dance programs run from September through May.
- **Child Development Center Full-Day Preschool**  
Full-Day Preschool is continuous until changed or cancelled.
- **KiMudo/Tae Kwon Do**  
Monthly fee applies.

**INSTRUCTIONS:**

Complete the form below and *ATTACH AN UNSIGNED AND VOIDED CHECK* from your checking account to assist in verifying data.  
**\*Please verify with your bank the account number and ABA number to use for saving account.**

I (we) authorize the Round Lake Area Park District hereafter called "Company," to initiate debit entries to my (our) checking/savings account indicated below at the institution named below, hereinafter called "Institution." I (we) understand that in the event the original transaction is rejected due to insufficient funds, a \$15.00 service charge will be directly billed to me (us), in addition to the tuition owed for that week or month.

I (we) further authorize "Company" to initiate credits to my (our) account to correct any errors, and "Institution" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until "Company" and "Institution" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford "Company" and "Institution" a reasonable opportunity to act on it prior to withdrawing from my account.

**PLEASE PRINT**

Account Holder Name:		Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings*
Address:		Institution Name:		
City:		Institution Account Number:		
State:	Zip:	Institution ABA Number:		
Home Phone:		Institution Address:		
Cell Phone:		Institution City:		
<i>*Please verify with your bank the account number and ABA number to use for savings account.</i>		Institution State:	Institution Zip:	
		Institution Phone Number:		

**Please be aware, your account will show payment as pending through ACT or Active as Payee until the electronic funds transfer is processed. Once the transfer is completed, your account will show payment to RLAPD.**

<b>Account Holder's Signature for Authorization</b>	<b>Date</b>
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<p><b>Cancellation Policy:</b> Termination of Electronic Funds Transfer (EFT) Authorization must be submitted in writing at least two (2) weeks before the next scheduled withdrawal.</p> <p><b>NSF Charge:</b> A \$15.00 service fee will be assessed on all transactions due to insufficient funds.</p>
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<b>CREDIT / DEBIT CARD</b>	Please PRINT Child(ren's) Name(s)



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## Electronic Funds Transfer (EFT) Authorization Scheduled Payments

- **CAMP**  
Summer camp programs run from June through August.
- **Nine-Month Dance Programs**  
Dance programs run from September through May.
- **Child Development Center Full-Day Preschool**  
Full-Day Preschool is continuous until changed or cancelled.
- **KiMudo/Tae Kwon Do**  
Monthly fee applies.

**INSTRUCTIONS:**

Complete the form below with the credit/debit card information. Please include if it is a debit or credit card, type of card (Discover, Master Card or Visa), expiration date and security code (last 3-digits located on signature line on back of card).

I (we) authorize the Round Lake Area Park District to charge my (our) credit/debit card indicated with the information below. I (we) understand that in the event the original transaction is rejected due to insufficient funds, a \$15.00 service charge will be directly billed to me (us), in addition to the tuition owed for that week or month.

I (we) further authorize the Round Lake Area Park District to initiate credits to my (our) credit/debit card to correct any errors. This authority is to remain in full force and effect until the Round Lake Area Park District has received written notification from me (us) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it prior to withdrawing from my credit/debit card.

**PLEASE PRINT**

Cardholder's Name:		<b>Card Type:</b> <input type="checkbox"/> <b>Credit</b> <input type="checkbox"/> <b>Debit</b> (Master Card or Visa Only)	
Billing Address:		Credit Card:  <input type="checkbox"/> Discover* <input type="checkbox"/> Master Card* <input type="checkbox"/> Visa*	
City:			
State:	Zip:		
Home Phone:		Cardholder's Name:	
Cell Phone:		Credit Card Number:	
<b>*Security Code required for BOTH debit and credit cards. Last 3-digits located on signature line on back of card.</b>		Credit Card 3-Digit Security Code:	Expiration Date:

**Please be aware, your account will show payment as pending through ACT or Active as Payee until the electronic funds transfer is processed. Once the transfer is completed, your account will show payment to RLAPD.**

<b>Account Holder's Signature for Authorization</b>	<b>Date</b>
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<b>Cancellation Policy:</b>	Termination of Electronic Funds Transfer (EFT) Authorization must be submitted in writing at least two (2) weeks before the next scheduled withdrawal.
<b>NSF Charge:</b>	A \$15.00 service fee will be assessed on all transactions due to insufficient funds.