

Round Lake Area Park District

## 2019-2020 School's Out, Hang-Out!

Cover Sheet

(This packet is for children who are *NOT* enrolled in our After School Program)

NAME OF CHILD \_\_\_\_\_

DATE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_

PHONE # AT HOME \_\_\_\_\_

PHONE # AT WORK \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

- Cover Page
- Registration Form
- Emergency Contact Pick-Up #1
- Emergency Card #2
- Waiver Form #3
- History Form #6
- Electronic Funds Transfer Forms

\*This packet only needs to be filled out once. If you are adding days of attendance, please use a Change of Attendance form.

**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

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

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

**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

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

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

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

Dates Subject to Change.

08/09/2019

**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

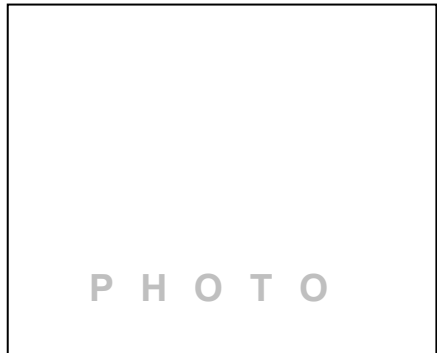
Signed: \_\_\_\_\_ Date \_\_\_\_\_

**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'S OUT HANG-OUT 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

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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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		✓ (Automatic EFT on the 1st of the Month)
Summer Camps	✓	
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>
---	-------------

<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>
---



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

**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>
---	-------------

<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>
---