

Round Lake Area Park District  
**SUMMER TRAILS DAY CAMP 2019**  
Cover Sheet

NAME OF CHILD \_\_\_\_\_ DATE \_\_\_\_\_  
GRADE in FALL, 2019 \_\_\_\_\_ SITE \_\_\_\_\_

Payment, or an Electronic Funds Transfer (EFT) plan, is required for all sessions at time of registration. The following options are available for payments:

- Register for sessions all at once and pay in full.
- Register for sessions all at once and pay weekly through automatic debit.
- Register weekly for each session (spaces may fill and your spot is not guaranteed).

In order to properly staff our camp, there is a strict registration deadline of the **Wednesday prior to the start of a session**. All session registration information and payments must be received by Wednesday to attend camp the following week.

**NEW! Swim Lesson Option:** Swim lessons will be available at an additional fee for campers that are registered for Summer Trails at the **Community Center**. The option is limited to Monday, Tuesday, Thursday, 11:00 a.m.-11:45 a.m. sessions. Registration is through Jeff Ellis Management: [jeffellismanagement.com](http://jeffellismanagement.com). *\*Registration is limited.*

- Payment for all sessions or EFT plan.
- Cover Sheet
- Emergency Contact Pick-Up Form #1
- Emergency Information Form #2
- Waiver Form #3
- Financial Agreement Form #4
- Permission Form #5
- History Form #6
- Behavioral Contract Form #7
- EFT Form

**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 NUMBERS NEED TO BE LISTED.
- CREDIT/DEBIT CARD – CREDIT/DEBIT NUMBER, EXPIRATION DATE AND SECURITY CODE MUST BE LISTED.
- THE FORMS NEEDS TO BE COMPLETED, SIGNED AND DATED.

**Emergency Contact  
Pick-up Form #1**

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

Camp \_\_\_\_\_

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

                    Father \_\_\_\_\_

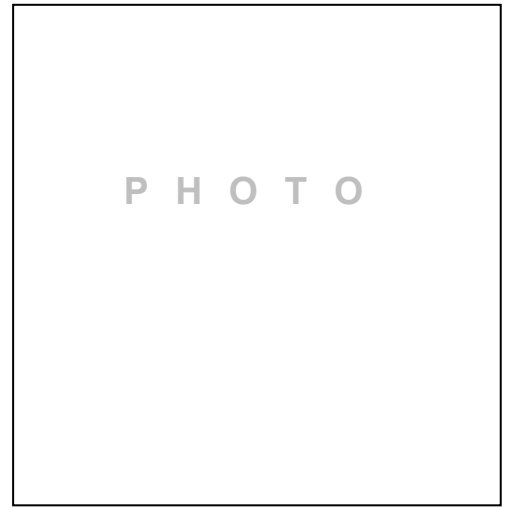
**We give permission that in case of illness, accident or late pick-up and we are unable to pick-up our child, one of the following individuals has permission to do so.**

Name	Address	Phone Number	Relationship

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

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

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



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

**PARTICIPANT'S PERSONAL INFORMATION:**

Gender:  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_  
Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Swim Ability:  swims independently  swims a little  cannot swim  
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 Participant Cannot Eat? \_\_\_\_\_  
Routine Medications List \_\_\_\_\_  
Surgery/Operations \_\_\_\_\_ Year \_\_\_\_\_ Results \_\_\_\_\_  
Date of Last Tetanus \_\_\_\_\_ Childhood Immunizations Up-to-Date?  Yes  No  
Is Participant Exempted from Any Activities?  Yes  No If Yes, Please Explain: \_\_\_\_\_  
Injuries/Accidents \_\_\_\_\_ Year \_\_\_\_\_ Results \_\_\_\_\_  
Any Additional Information SRSNLC 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 participant \_\_\_\_\_ 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** SUMMER TRAILS DAY CAMP

**DATES** JUNE, 2019 – AUGUST, 2019

**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**  
**FORM #4: 2019 Summer Trails Day Camp Financial Agreement**

Please complete Sections 1-8 below. Camp fees include field trips, special events, and camp T-shirts (to be worn on field trip days). Children are required to bring a sack lunch, drink and one healthy snack daily.

**\*THE SPORTS CENTER SITE'S BEFORE/AFTER CARE WILL BE WITH TEEN CAMP\***

<b>1 Child's Name:</b>	<b>2 Birthdate:</b>	<b>3 Grade in Fall, 2019:</b>
<b>4 T-Shirt Size:</b> <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large	<b>5 Site Choice:</b> <input type="checkbox"/> Community Center <input type="checkbox"/> Sports Center	
	<b>6 Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	

Weekly Camp Fees Resident/NonResident	Before Camp Care 6:30 a.m. - 9:00 a.m.		CAMP 9:00 a.m. - 4:00 p.m.		After Camp Care 4:00 p.m. - 6:00 p.m.	
		T/Th	\$20 / \$22 (\$10/\$11 Wk 4)	T/Th	\$ 60 / \$ 66 (\$30/\$33 Wk 4)	T/Th
	MWF	\$30 / \$33	MWF	\$ 90 / \$ 99	MWF	\$30 / \$33
	M-F	\$50 / \$55 (\$40/\$44 Wk 4)	M-F	\$140 / \$155 (\$120/\$132 Wk 4)	M-F	\$50 / \$55 (\$40/\$44 Wk 4)

**7 Please check the appropriate box(es) for each week that your child will be attending camp:**

<b>1</b>	<b>June 10-June 14</b>	<b>T/Th Only</b>	<b>MWF Only</b>	<b>Mon.-Fri.</b>
	Before Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp (9 am-4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	<b>June 17-June 21</b>	<b>T/Th Only</b>	<b>MWF Only</b>	<b>Mon.-Fri.</b>
	Before Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp (9 am-4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	<b>June 24-June 28</b>	<b>T/Th Only</b>	<b>MWF Only</b>	<b>Mon.-Fri.</b>
	Before Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp (9 am-4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	<b>July 01-July 05</b>	<b>T Only</b>	<b>MWF Only</b>	<b>MTWF</b>
	Before Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp (9 am-4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	<b>July 08-July 12</b>	<b>T/Th Only</b>	<b>MWF Only</b>	<b>Mon.-Fri.</b>
	Before Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp (9 am-4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>6</b>	<b>July 15-July 19</b>	<b>T/Th Only</b>	<b>MWF Only</b>	<b>Mon.-Fri.</b>
	Before Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp (9 am-4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	<b>July 22-July 26</b>	<b>T/Th Only</b>	<b>MWF Only</b>	<b>Mon.-Fri.</b>
	Before Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp (9 am-4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<b>July 29-Aug. 02</b>	<b>T/Th Only</b>	<b>MWF Only</b>	<b>Mon.-Fri.</b>
	Before Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp (9 am-4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	<b>Aug. 05-Aug. 09</b>	<b>T/Th Only</b>	<b>MWF Only</b>	<b>Mon.-Fri.</b>
	Before Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Camp (9 am-4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LATE PICK-UP**

You will be charged \$10 per child for every 15 minutes you are late in picking up after 4:00 p.m. / 6:00 p.m.

**REGISTRATION INFORMATION**

- There is a \$10 discount for a second child when both are enrolled full-time.
- The deadline to register for any session is the Wednesday prior; no exceptions will be made for late registrants.

**PAYMENT, OR AN ELECTRONIC FUNDS TRANSFER (EFT) PLAN, IS REQUIRED FOR ALL SESSIONS AT TIME OF REGISTRATION.**

The following options are available for payments:

- Register for sessions all at once and pay in full (cash, check, credit card).
- Register for sessions all at once and pay weekly through automatic debit.
- Register weekly for each session (spaces may fill and your spot is not guaranteed).

**REFUND POLICY**

A refund form must be completed. Cancellations made by registrants more than 5 days BEFORE the start of a camp will receive a full refund minus 20% up to a maximum of \$10. Less than 5 days, refunds will be subject to further prorate. Once camp begins, a Program Supervisor's approval is needed. If your child does not attend any camp sessions and the camp is not notified prior to the beginning of the session, your payment will not be refunded. There are no refunds for sick or missed personal days.

**8 FINANCIAL AGREEMENT**

My child is enrolled in the Round Lake Area Park District's Teen Camp. I have read and understand the financial agreement and agree to be responsible for all fees incurred as a result of my child's participation in the summer day camp program. I understand failure to comply will result in removal of my child from the program.

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

Print Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

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: \_\_\_\_\_

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.

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 \_\_\_\_\_



## 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 attached 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 me 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	✓	
Nine-Month Dance Programs		✓
KiMudo / Tae Kwon Do		✓

Sincerely,

*Sue Butler*

Sue Butler  
Registration Manager

<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:		
<b><i>*Please verify with your bank the account number and ABA number to use for savings account.</i></b>		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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<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.

<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"/> <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:	
*Security Code required for BOTH debit and credit cards. Last 3-digits located on signature line on back of card.		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 RLPD.**

**Account Holder's Signature for Authorization**

**Date**

**Cancellation Policy:** Termination of Electronic Funds Transfer (EFT) Authorization must be submitted in writing at least two (2) weeks before the next scheduled withdrawal.  
**NSF Charge:** A \$15.00 service fee will be assessed on all transactions due to insufficient funds.