

Round Lake Area Park District  
**Summer Youth Theatre Camp**  
Cover Sheet

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

Program \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

- Camp Fee / **Payment is Due with Completed Packet**
- Cover Page
- Parent Letter and Verification of Receipt of Parent Letter
- Emergency Contact Pick-Up Form #1
- Emergency Card Form #2
- Waiver #3
- Financial Agreement #4
- Permission Form #5
- EFT Form (Electronic Funds Transfer)
- Behavioral Contract
- 2-Day Camp
- 3-Day Camp
- 5-Day Camp

**NEW!** Tech Team Opportunity! For the first time ever, we are giving campers who prefer not to be in the spotlight a chance to make magic behind the scenes as part of our new Tech Team. They will learn basics of set painting, costuming, and stage management while still having a fun summer with friends at camp. If campers choose to join Tech Team, they will still work on the show but not be on-stage in a performing role.

- |   |  |
|---|--|
| <input type="checkbox"/> Performance Track 2 Days | <input type="checkbox"/> Tech Track 2 Days |
| <input type="checkbox"/> Performance Track 3 Days | <input type="checkbox"/> Tech Track 3 Days |
| <input type="checkbox"/> Performance Track 5 Days | <input type="checkbox"/> Tech Track 5 Days |

**ATTENTION PARENTS: THERE IS NO BEFORE OR AFTER CAMP CARE!**

Dear Camp Parents,

**Welcome to our Youth Theatre Camps!** We are all looking forward to a fun, creative, and safe summer. This parent handbook is intended to clarify our operating policies and procedures. You are responsible for reading and understanding its contents, so please review thoroughly.

Theatre Camp this year will be held at:

- **Camp Site Address**

Park School  
400 W. Townline Road  
Round Lake, IL 60073  
847-986-2180  
847-354-0349 Cell

- **Hours of Operation**

Camp Hours: 9:00 a.m. - 4:00 p.m.

- **Personal Items to Bring to Camp**

- Bug Repellant and Sunscreen
- Morning Snack
- Lunch (there is no refrigeration)
- Water Bottle
- Rehearsal Materials (script and pencil)

These are the only items that campers should bring with them to camp. Personal items such as valuables, cell phones, toys and electronics need to stay in their bags. The RLAPD is not responsible for lost/stolen/broken items.

- **Payment Information**

Payments must be made according to the Payment Plan Information & Due Dates specified in the Summer Camp Brochure. Payments must be received by the payments due date; a \$25 late fee will be charged for any late payment.

- **Camp Attire**

We have a dress code that each camper needs to follow. If your camper comes to camp without the proper clothing, parents will be called to bring in appropriate clothing, or your child may be asked to sit out.

Appropriate clothing includes: Shirts and pants/shorts they can easily move in and closed toed shoes.

No constricting jeans, cropped tops, clothing with foul or offensive content, valuable jewelry, or inappropriate length shorts/skirts.

- **Camp Schedule**

The following is a typical lesson plan for the 9:00 a.m. - 4:00 p.m. day camps:

9:00 a.m. - 9:15 a.m.	Drop off at Park School
9:15 a.m. - 9:30 a.m.	Warm-ups
9:30 a.m. - 10:30 a.m.	Rehearsal Session I
10:30 a.m. - 11:00 a.m.	Snack
11:00 a.m. - 11:30 a.m.	Rehearsal Session II
11:30 a.m. - 12:00 p.m.	Theatre Workshops/Additional Rehearsal/Free play
12:00 p.m. - 2:00 p.m.	Lunch, Free Play and Refocus
2:00 p.m. - 3:00 p.m.	Rehearsal Session III
3:00 p.m. - 3:45 p.m.	Review
3:45 p.m. - 4:00 p.m.	Prep for Dismissal and Pick-up at Park School

- **Arrival/Dismissal Procedures**

The designated drop-off and pick-up location is Door #15 of Park School, located near the playground. All children must be escorted in to camp by a parent/guardian and signed in.

Campers will only be released to a parent or guardian specified on their pick-up form. Staff is unable to release campers to any person, related or unrelated, who have not been authorized in writing by the parents or guardian. Persons unknown to staff will be required to provide a government issued photo I.D. Please be prepared to show proper identification whenever picking up.

- **Late Child Pick-up**

Parents/guardians will be charged a late pick-up fee of \$10 for every 15 minutes late. This fee is charged per child in the same family.

*Example:* 4:01 p.m. - 4:15 p.m. = \$10.00; 4:16 p.m. - 4:30 p.m. = \$20.00

Parents who are consistently late picking up campers may be asked to leave the program.

- **Emergency Contacts**

Emergency contacts will be reached when parents are unavailable and your camper is sick, injured or a late pick-up. If there are any changes and/or additions to the emergency contacts it must be put in writing on the camper pick-up form. This is required for the safety of the camper. To make any changes or additions in your camper's emergency contacts see Registration, or your camp director.

- **Performances**

All campers will be expected to attend all the performances. Missing a performance will affect the casting of the show. All performances will be at Park School. Performance details may change based on enrollment. Much more information about the productions will follow.

- **Tickets**

Each camper will receive 2 complimentary tickets to any camp performance. All seating is assigned.

- **Auditions**

During the first week of camp all campers will participate in an audition. Campers must audition to be considered for lead roles. Please keep in mind and encourage your child to understand that all roles are important.

- **Memorization**

All campers will be required to have their material memorized for the production. To assure success with this, all children will be given a script to take home and work with.

- **Costumes**

Each camper is responsible for providing his or her own base costume(s) for the show. A list of what each camper needs to wear for the show will be sent home as we get closer to show time. Costumes will be provided to go over this base costume. These items remain the property of the camp and will need to be returned at the end of the program.

- **Lost and Found**

If an item is marked, it can be easily returned. Items not marked will be put in a lost and found box at the site. It is the parent/guardian's responsibility to check this lost and found box.

- **Field Trip**

Campers must wear their camp shirts on that day. More information will be provided on the first week of camp regarding the location of this year's field trip.

- **Swimming**

All campers will be transported to the park district pool and back by school bus.

- **Absences**

If a camper will be absent for the day or late, please email [savannah\\_thomas@rlapd.org](mailto:savannah_thomas@rlapd.org).

- **Illnesses**

For the protection of all campers we *CANNOT* accept children showing any of the following symptoms:

- A temperature of 101° F
- Diarrhea or vomiting
- A rash
- Nasal discharge or discharging of ears or eyes

Parents should exercise every precaution and keep their child home for twenty-four (24) hours once these symptoms have occurred. In the case of head lice, a child should stay home for 24 hours after his/her first treatment. Children must be well enough to participate in all regular planned camp activities upon returning to camp from an illness.

If the child has a contagious disease, they should be kept at home and the FACT OF THEIR CONDITION SHOULD BE REPORTED TO THE RECREATION SUPERVISOR. (Strep throat, pin worms, measles, mumps, chicken pox, scarlet fever, head lice, etc. are among those conditions categorized as "highly contagious").

If a child becomes ill during the day, the parent/guardian will be contacted to take the child home.

- **Medical Emergency**

In the event of a medical emergency or if an accident should happen, the counselor will provide emergency first aid and Call 911 if necessary. If the parent/guardian cannot be reached, we will then contact emergency contacts. By signing the waiver (at registration) you authorize the staff to take whatever emergency medical measures deemed necessary to address the situation.

- **Medicines**

Necessary medications must meet the following criteria to be administered to a child:

- Prescription medications must be labeled with the child's name
- Directions for administering the medication
- Date
- Physicians Name
- Prescription number
- Drug Store/Pharmacy
- Medicine must be brought in its original container

Non-prescription medications may be administered upon written parental permission. Such medication shall be administered according to the medication package instructions and shall be labeled with the camper's name and date. Any differences in medication procedures from parent instructions and package instructions will not be given without a written doctor's note. Please hand the medicine to your child's counselor with instructions to place it in the refrigerator or in the medicine cabinet. The parent should then fill out the necessary medication request paperwork available from the Director.

- **Discipline Philosophy**

It is important for children to learn and respect the limits of acceptable and unacceptable behavior at the park district and elsewhere. Our goal is to encourage self-discipline within each child.

Participants:

- Will show respect to all participants, staff, volunteers, equipment, supplies and facilities.
- Will follow direction from staff and volunteers.
- Will not use inappropriate, abusive or foul language.
- Will not show any aggressive behavior (hitting, punching, slapping, kicking, biting, etc.) regardless if the behavior is initiated or in retaliation.
- Will not show continuous disruptive behavior.

We are a drug/alcohol/weapon-free program.

**Round Lake Area Park District  
Summer Youth Theatre Camp**

**VERIFICATION OF RECEIPT**

I have read the attached Parent Letter and understand and accept the rules for the Summer Youth Theatre Camp I am enrolled in.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

I have read the attached Parent Letter and understand that my child is expected to abide by these rules for the Summer Youth Theatre Camp.

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

Date \_\_\_\_\_

**Emergency Contact  
Pick-up Form**

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

Camp \_\_\_\_\_

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

                    Father \_\_\_\_\_

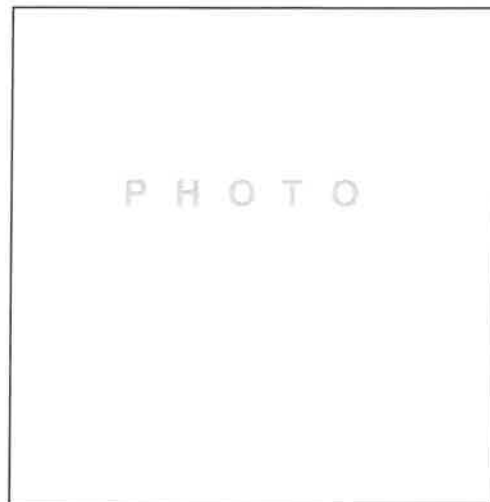
**We give permission that in case of illness, accident or late pick-up and we are unable to pick-up our child, one of the following individuals has permission to do so.**

Name	Address	Phone Number	Relationship

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

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

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** THEATRE CAMP 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  
2019 Youth Theatre Day Camps Financial Agreement Form #4**

Complete Sections 1-8. **When registering for camp, the fee is for the entire camp session.** If you are registering for Before Care, (6:30 a.m.-9:00 a.m.), and After Care, (4:00 p.m.-6:00 p.m.), there is an additional fee for both options. *Note: Camp fees include field trips, production materials, a camp t-shirt and two complimentary tickets to the final performance. Children are required to bring a sack lunch, drink and one healthy snack daily.*

<b>1 Child's Name:</b>	<b>2 Birthdate:</b>	<b>3 Grade in Fall 2019:</b>
<b>Camp Site:</b> <b>Park School, 400 W. Townline Road, Round Lake</b>	<b>4 T-Shirt Size:</b> Youth: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg Adult: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg	

<b>5 Tuition / Fee Schedule</b>		
<u>Payment Due By</u>	<u>Camp Fees</u> 9:00 a.m.-4:00 p.m.	
Due at Registration	<input type="checkbox"/> R \$525 <input type="checkbox"/> NR \$560	<b><u>2-Day Option, (Tue./Thu.), June 11-August 03</u></b>  Parents, please note, camp ending date is Saturday, August 3 with a performance of "Winnie the Pooh, kids"
Due June 08	R \$180      NR \$215	
Due June 15	R \$ 70      NR \$ 70	
Due June 22	R \$ 70      NR \$ 70	
Due June 29	R \$ 70      NR \$ 70	
Due July 06	R \$ 65      NR \$ 65	

<b>6 Tuition / Fee Schedule</b>		
<u>Payment Due By</u>	<u>Camp Fees</u> 9:00 a.m.-4:00 p.m.	
Due at Registration	<input type="checkbox"/> R \$735 <input type="checkbox"/> NR \$770	<b><u>3-Day Option, (Mon./Wed./Fri.), June 10-July 27</u></b>  <b>No Camp July 4<sup>th</sup></b>  Parents, please note, camp ending date is Saturday, July 27 with a performance of "Seussical"
Due June 08	R \$250      NR \$285	
Due June 15	R \$100      NR \$100	
Due June 22	R \$100      NR \$100	
Due June 29	R \$100      NR \$100	
Due July 06	R \$ 85      NR \$ 85	

<b>7 Tuition / Fee Schedule</b>		
<u>Payment Due By</u>	<u>Camp Fees</u> 9:00 a.m.-4:00 p.m.	
Due at Registration	<input type="checkbox"/> R \$1000 <input type="checkbox"/> NR \$1070	<b><u>5-Day Option, (Mon.- Fri.), June 10-August 03</u></b>  <b>No Camp July 4, 29, 30, August 2</b>  Parents, please note, camp ending date is Saturday, August 3 with a performance of "Seussical"
Due June 08	R \$ 350      NR \$ 420	
Due June 15	R \$ 130      NR \$ 130	
Due June 22	R \$ 130      NR \$ 130	
Due June 29	R \$ 130      NR \$ 130	
Due July 06	R \$ 130      NR \$ 130	

**PAYMENT PROCEDURES**

Payments can be made at the Robert W. Rolek Community Center and the Sports Center registration desks during regular open hours. Payments can also be made in the drop box located at the Robert W. Rolek Community Center by the registration desk. **Do NOT put cash in the drop box!** Payments must be made no later than the payment dates above; **a \$25 late fee will be charged for any late payments!** Lack of payment will result in removal from camp roster and your spot will be filled from waiting list. *There will be no exceptions!*

**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.

**REFUND POLICY**

Payments are being allowed for this camp for your convenience. Children should not enroll in this camp if they will not be participating in the whole program and the performances. There will be no discounts or refunds given for weeks you choose not to attend.

**8 TUITION AGREEMENT:**

My child is enrolled in the Round Lake Area Park District's Encore! Youth Theatre Camp. 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 summer day camp 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**

*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 \_\_\_\_\_

## 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:		
*Please verify with your bank the account number and ABA number to use for savings account.		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.**

**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.

<b>CREDIT / DEBIT CARD</b>	Please PRINT Child(ren's) Name(s)



### Electronic Funds Transfer (EFT) Authorization Scheduled Payments

- **CAMP**  
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- **Nine-Month Dance Programs**  
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- **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* <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.**

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.

**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 \_\_\_\_\_