



410 N. Arlington Heights Road, Arlington Heights, Illinois 60004

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www.ahpd.org

2011-2012 C.A.P. Registration Guidelines for Schools in District 21 and 59

Registration Dates:

April 11 – 18 (by 5:00 pm)	Priority registration for children currently registered and their siblings
April 19 – May 1	No registrations processed
May 2 – August 9 (by 5:00 pm)	Registration resumes (Please do not send in before April 25)
August 10 – 28	No registrations processed
August 29	Registration resumes for any remaining openings with a start date of September 6 or later

Remember, when registering your child, separate forms are required for each child. Your cooperation in filling out these forms completely is greatly appreciated. Due to these forms being kept at different sites, some duplicate information is required.

1. Complete the two-sided registration/waiver form.
2. Complete the two-sided site/acknowledgement form.
3. Include deposit.

Return completed forms to the Park District Administration Center with the appropriate deposit. Registrations can be mailed, put in the night drop box (available 24 hours a day) or delivered in-person Monday through Friday between 9:00 am and 5:00 pm.

A deposit for each child is required to enroll in the program. The deposit is applied toward the annual fees. See registration form for fees. A discount is available if two or more children are enrolled in the program. The additional child's/children's fees are reduced by approximately 10%. A 5% discount is available when the program fee is paid in full upon enrollment, when enrollment begins prior to December 16. If you register with the deposit and wish to pay in full to qualify for the 5% discount, the balance needs to be paid by August 19.

All registrations received prior to the first day of registration are randomly sorted with any registrations received by 5:00 pm on the first day. After that, registrations are randomly processed on a daily basis. Any registrations received after 5:00 pm or over the weekend are processed with all other registrations received on the next business day. This ensures fairness regardless of what method of registration is used. If an opening is available, the child is placed in the program. If an opening is not available in the plan that has been requested, the Coordinator contacts the parent and offers an alternative plan if one is available. If no alternative is available the child is placed on a wait list.

All correspondence from C.A.P. billing will be mailed "To the parents" at the child's address unless we are notified otherwise.

Once the school year begins, registration requires approval. After receipt of the forms and deposit the parent is notified by phone. The child can start in the program 4 business days after notification of acceptance into the program. **The installment amount will be adjusted and is different than the amount listed on the registration form.**

Return to: Arlington Heights Park District
410 N. Arlington Heights Rd.
Arlington Heights, IL 60004

Attn: C.A.P. Registration

C.A.P. 2011-2012 Registration Form

**For District 21 and 59 Schools
Juliette Low, Poe and Riley**

Office use only	
Class code _____	Rate _____
Date _____	Suptl _____

Please Print:

School _____ Grade in 2011-2012 _____ Start Date _____

Child's Name _____ M ___ F ___ Birth Date _____
(First) (Last)

*Address _____ Home Phone _____

City _____ Zip _____

Mother's Name _____ Father's Name _____

Cell Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Work Phone (_____) _____

Email Address _____ Email Address _____

*All correspondence/billing will go to the child's address unless indicated otherwise.

Please complete the following if different than the child's info:

Mother's Address _____ Father's Address _____

Home Phone (_____) _____ Home Phone (_____) _____

Please put a check next to the letter of the program in which you wish to enroll your child.	Total cost for entire school year	Deposit amount when registering June 10 or before	Deposit amount when registering June 11 or after	8 equal installments Aug.-March
<input type="checkbox"/> A Before & after school 4-5 days per week	\$2,142	\$226	\$238	\$238
<input type="checkbox"/> B Second child discount	\$1,926	\$203	\$214	\$214
<input type="checkbox"/> C Before school 4-5 days per week	\$ 990	\$105	\$110	\$110
<input type="checkbox"/> D Second child discount	\$ 891	\$ 94	\$ 99	\$ 99
<input type="checkbox"/> E After school 4-5 days per week	\$1,233	\$130	\$137	\$137
<input type="checkbox"/> F Second child discount	\$1,107	\$117	\$123	\$123
<input type="checkbox"/> G Before & after school 1-3 days per week	\$1,485	\$157	\$165	\$165
<input type="checkbox"/> H Second child discount	\$1,341	\$142	\$149	\$149
<input type="checkbox"/> I Before school 1-3 days per week	\$ 666	\$ 70	\$ 74	\$ 74
<input type="checkbox"/> J Second child discount	\$ 594	\$ 63	\$ 66	\$ 66
<input type="checkbox"/> K After school 1-3 days per week	\$ 828	\$ 87	\$ 92	\$ 92
<input type="checkbox"/> L Second child discount	\$ 747	\$ 79	\$ 83	\$ 83

Payment Information:

Check # _____ Cash (drop off only)

Credit Card: I authorize the following type of payment (place a check in one of the three options) to the card listed below.

Payment in full **Deposit only** **Deposit, monthly installment and any other costs as incurred by the enrolled child**

VISA Card Number: _____ - _____ - _____ - _____ Exp Date: _____

MasterCard Signature: _____

Discover Card Print Name: _____

**Arlington Heights Park District
WAIVER AND RELEASE**

IMPORTANT INFORMATION

The Arlington Heights Park District ("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 Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, emotional and/or mental 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. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program, 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 this program (including transportation services and vehicle operations, when provided).

Children At Play (C.A.P.)
From August 2011 to June 2012

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, 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 this program against the Arlington Heights Park District, including its officials, agents, volunteers and employees.

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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Please Print _____ Child/Ward's Name _____

Date _____ Parent/Guardian Signature _____

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

C.A.P. 2011-2012 Site Form

Please print legibly:

School _____ Grade in 2011-2012 ____ Start Date _____

Child's Name _____ M ____ F ____ Birth Date _____
(First) (Last)

Address _____ Home Phone _____

City _____ Zip _____

Mother's Name _____ Father's Name _____

Cell Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Work Phone (____) _____

Work Hours (____ am) to (____ pm) _____ Work Hours (____ am) to (____ pm) _____

Please complete the following if different than the child's info:

Mother's Address _____ Father's Address _____

Home Phone (____) _____ Home Phone (____) _____

(In the event of an emergency, please list at least 2 phone numbers for each parent. Please indicate above the phone number to call first for each parent by placing a * next to the number.)

List specific medical and food allergies, chronic illnesses, medical diagnosis, special ed. classifications or other conditions that staff should be aware of _____

Medication requirements _____

In accordance with the Americans with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program No [] Yes [] If yes, please describe _____

Please place a check before and/or after school in the space provided below. Circle the days child will attend. **For a child registered 1-3 days per week, if the schedule varies please give written notification to the site director one week in advance and check varied schedule below.**

____ Before school Days of week: M T W Th F ____ Varied Schedule (for those attending 1-3 days per week)

____ After school Days of week: M T W Th F ____ Varied Schedule (for those attending 1-3 days per week)

Acknowledgement

I, _____ parent or guardian of _____ have read and fully understand the C.A.P. parent manual, payment policies, and the behavior/discipline guidelines. I also understand and give permission to the C.A.P. staff to contact the school staff concerning the child's needs for participation.

I further understand a \$10.00 late charge for every ten minutes or portion there of that I am late will be assessed if my child is not picked up by 6:00 p.m. (or 9:00 a.m. if necessary). Furthermore, I understand that if staff has to track my child after school because I did not notify them of an absence I will be charged a tracking fee.

_____/_____/_____
Signature Date

=====

Pick Up Authorization and Emergency Contacts

Parents and legal guardians are allowed to pick up the child unless legal documentation shows otherwise.

I do hereby authorize the C.A.P. staff to release my child to any of the individuals stated below in the event that a Parent or Legal Guardian is unable to pick him/her up. I understand that C.A.P. staff will not release my child to any unauthorized individual without first having received a written notice with my signature, or in the event of an emergency, my verbal approval. The first two names are also considered the emergency contacts. **In order to enroll in the program these must be filled in.**

1. _____
Name/**Emergency contact other than a parent** Relationship to child

()
Phone
2. _____
Name/**Emergency contact other than a parent** Relationship to child

()
Phone
3. _____
Name Relationship to child

()
Phone
4. _____
Name Relationship to child

()
Phone