

C.A.P. REGISTRATION FORM 2020-2021

*District 25 Schools: Dryden, Greenbrier, Ivy Hill, Olive-Mary Stitt, Patton, Westgate and Windsor
District 21 Schools: Riley and Poe District 59 Schools: Juliette Low*

Child's School: _____ Start Date: _____ 19/20 CAP Location (if previously enrolled) _____

Grade in Fall 2020: K 1 2 3 4 5 Birthdate: _____ Age: _____ Gender: _____

Child's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Program Hours: Before School-7:00AM-Start of school **Days of Attendance:** M T W TH F
After School-School Dismissal-6:00PM **Days of Attendance:** M T W TH F

2020-2021 C.A.P. Fees: *Full Time = Registered for all 5 days Part Time = Registered for 3 days (Must specify days)*
*In addition to fees below, a \$50 Non-Refundable Registration Fee is due at time of registration.

Please check which plans you are enrolling:

CAP Plans	District 25 Fees (173 Total School Days)		District 21 Fees (174 Total School Days)		District 59 Fees (183 Total School Days)	
	Daily Rate	Yearly Total (Avg.)	Daily Rate	Yearly Total (Avg.)	Daily Rate	Yearly Total (Avg.)
<input type="checkbox"/> Before Full Time	\$7.05	\$1219.65	\$6.75	\$1174.50	\$6.75	\$1235.25
<input type="checkbox"/> After Full Time	\$9.20	\$1591.60	\$8.95	\$1557.30	\$8.95	\$1637.85
<input type="checkbox"/> Before Part Time	\$7.50	\$810.00	\$7.20	\$777.60	\$7.20	\$1317.60
<input type="checkbox"/> After Part Time	\$9.80	\$1058.40	\$9.55	\$1031.40	\$9.55	\$1060.05

Payment Authorization

*For security purposes, your full bank card number can not be written on this form.
Bank Card Number MUST be entered in your online account as a Saved Credit Card.*

- Login into AHPD Registration. www.ahpd.org Click Login.
- Click My Account. Click List Saved Credit Cards. Click Add New to enter a credit card number.
- Enter the bank card number you wish to use for your 2020-21 CAP payments.

For Office Use Only

Deposit Paid _____
Monthly Fee _____
Amt Paid _____
Discount _____

Please enter last 4 digits of the bank card saved to your file for CAP: _____

Cardholder's/Payer's Name: _____

Please check ONE of the following:

_____ I authorize my bank card to be charged for the full amount plus the \$50 Non-Refundable Registration fee, so I can receive the **5% Paid in Full Discount** (Must register before December 1, 2020).

_____ I authorize the Arlington Heights Park District to charge the bank card listed above for my \$50 Non-Refundable Registration fee (due at registration) and the 9 remaining additional C.A.P. payments due the first day of each month beginning August 1st, 2020 through April 1st, 2021. I understand this includes any additional charges incurred thru late payment fees, late pickup fees, etc.

Please note: If you withdraw from the program, the charges will stop.

Signature: _____ Date: _____

Please read and sign waiver on the opposite side.

For Office Use Only			
Date _____	Reg Code _____	Program AM _____	PM _____
Excel _____	Master _____	Attendance _____	Start Date _____
Site _____			



**C.A.P. ENROLLMENT AGREEMENT
2020-2021**

By enrolling my child, _____, in the C.A.P. program for the 2020-2021 school year, I understand the following:

1. The C.A.P. program is open according to the official school calendar of School District's 25, 21 & 59 and is closed during inclement weather days. Programs will run after school on early dismissal/half days and is included in the cost. Full Day Programs will run on most school holidays and all institute days at additional costs to the participant.
2. I am responsible for the payment of monthly fees, which are due by the first of each month. A \$50 Non-Refundable Registration fee is due at time of registration. The monthly payments will be made in 9 installments (*or however many payments remain based on start date*), the first processed on August 1, 2020 and terminating on April 1, 2021. If a parent/guardian is delinquent on the child's account, the child will be suspended or removed from the program, unless special arrangements have been made with the C.A.P. Supervisor.
3. In the event of any absences during program hours/activities, I will be responsible for fees for time reserved, not actual time spent at the program. I understand that it is my responsibility to call the site and inform them of any absences. Failure to do so may end up in dismissal from the program. Also, if my child/ward is ever picked up after 6:00 pm, I agree to adhere to the policy and fees regarding late pick-up, as stated in the C.A.P. Parent Manual.

I agree to adhere to the stated policies and procedures of the C.A.P. program as stated here and in the Parent Handbook. I give my child/ward permission to participate fully in this program.

Parent/Guardian Signature _____ **Date** _____