

# C.A.P. REGISTRATION FORM 2024-2025

**General  
Registration**

*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: \_\_\_\_\_ 23/24 CAP Location (If previously enrolled) \_\_\_\_\_

Grade in Fall 2024: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary 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

**2024-2025 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 \$65 Non-Refundable Registration Fee is due at time of registration.**

**Please check which plans you are enrolling:**

<b>District 21/25/59 CAP Fees</b>		
<b>CAP Plans</b>	<b>Daily Rate</b>	<b>Yearly Total (Avg.)</b>
<input type="checkbox"/> <b>Before Full Time</b>	\$9.75	\$1,706.25
<input type="checkbox"/> <b>After Full Time</b>	\$12.73	\$2,227.75
<input type="checkbox"/> <b>Before Part Time</b>	\$10.38	\$1,121.04
<input type="checkbox"/> <b>After Part Time</b>	\$13.57	\$1,465.56

**Payment Authorization**

*For security purposes, your full bank card number cannot 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](http://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 24-25 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 \$65 Non-Refundable Registration fee, so I can receive the **5% Paid in Full Discount** (Must register before December 1, 2024).

\_\_\_\_\_ I authorize the Arlington Heights Park District to charge the bank card listed above for my \$65 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 1<sup>st</sup>, 2024 through April 1<sup>st</sup>, 2025. 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 \_\_\_\_\_ Flex Reg \_\_\_\_\_

Master \_\_\_\_\_ Attendance \_\_\_\_\_



**C.A.P. ENROLLMENT AGREEMENT  
2024-2025**

By enrolling my child, \_\_\_\_\_, in the C.A.P. program for the 2024-2025 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. You must register separate for these days.
2. I am responsible for the payment of monthly fees, which are due by the first of each month. A \$65 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, 2024 and terminating on April 1, 2025. 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 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.
4. In the event your child has to miss school because of COVID, or of COVID exposure, AHPD will not issue any refunds.

**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 permission to participate fully in this program.**

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

**Reasonable Accommodations**

The Arlington Heights Park District works in collaboration with Northwest Special Recreation Association (NWSRA) to provide additional training to park district staff and when necessary, an inclusion aide to assist the registrant within the program. In order to provide the best customer service, please notify the park district at least two weeks prior to the start of the program. For requests received after that time frame, the best efforts will be made to accommodate the registrant.

Request NWSRA Assistance \_\_\_\_\_ Request more information for accommodations \_\_\_\_\_ N/A \_\_\_\_\_