

C.A.P. REGISTRATION FORM 2025-2026

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: _____ 24/25 CAP Location (If previously enrolled) _____
Grade in Fall 2025: _____ 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

2025-2026 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:

District 21/25/59 CAP Fees		
CAP Plans	Daily Rate	Yearly Total (Avg.)
<input type="checkbox"/> Before Full Time	\$10.35	\$1,791.07
<input type="checkbox"/> After Full Time	\$13.52	\$2,339.65
<input type="checkbox"/> Before Part Time	\$11.21	\$1,177.47
<input type="checkbox"/> After Part Time	\$14.66	\$1,539.09

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 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 25-26 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, 2025).

_____ 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 1st, 2025 through April 1st, 2026. 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 2025-2026

By enrolling my child, _____, in the C.A.P. program for the 2025-2026 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, 2025 and terminating on April 1, 2026. 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. Manager.
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 any other virus, 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 _____