



2021-2022 KASPER REGISTRATION

CURRENT PARTICIPANTS

Registration Deadline: Friday, May 14th, 2021

Completed Registrations:

- Fill out, save & e-mail to kasper@parkfun.com (Must be received by 11:59PM of the deadline date)
- Mailed to: Community Recreation Center, KASPER Program (505 N. Springinsguth Rd. Schaumburg, IL, 60194)
 - Mailed registrations must be received, not postmarked: by Friday, May 14th, 2021

KASPER Locations: Elementary school gyms (where your child attends school), the Community Recreation Center, the Sport Center and Meineke Recreation Center (overflow locations)

KASPER Hours:

- **AM** – 7:00 AM to the start of school.
- **PM** – Immediately after school until 6:00 PM

KASPER Fees (Divided into 9 equal payments):

- \$40.00 non-refundable registration fee per child due at time of registration.
- **5 Day AM** - \$7.50 (per day) = \$1,320.00 (176 Days)
- **3 Day AM** - \$8.00 (per day) = \$840.00 (105 Days)
- **5 Day PM** - \$14.00 (per day) = \$2,394.00 (171 Days)
 - **2nd Child** - \$12.75 (per day) = \$2,180.25 (171 Days)
- **3 Day PM** - \$14.85 (per day) = \$1,559.25 (105 Days)
 - **2nd Child** - \$13.45 (per day) = \$1,412.25 (105 Days)

Payment Options: See attached *Payment Contract Form*

- **State of IL Assistance:** Families receiving assistance for child care must provide the KASPER office with a letter “Approval of Request for Child Care Payment” provided from Illinois Action for Children. Families will be responsible for the program amount owed the state does not pay.
- **Financial Assistance:** Scholarship applications may be obtained by calling or emailing the Kasper Office. Families need to re-apply each year. All required documentation must be submitted with the scholarship application for the application to be processed.

Change to Attendance: All changes must be in the KASPER Office by 11:00 AM on Wednesdays. Changes will go into effect on the following Monday. The form is available on our website.

Please Note: From August 9th to August 27th no changes to registrations will be implemented. Any changes received after August 8th will not go into effect until Monday, August 30th.

ePACT Support: Have questions or need help updating your child’s information?

- Please contact help@epactnetwork.com or call (855) 773-7228 ext. 1 to speak with ePACT’s Customer Success Team.

Additional Questions: Please call the KASPER office (847) 252-2888 or E-mail at KASPER@parkfun.com



Date: _____

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A separate, original form must be completed for **each** participant. This registration form is for: 1st child 2nd child 3rd child
Registration confirmation will be sent via email.

Child's Name: _____ Gender: M F Birth Date: _____

Guardian's Names: _____

School Attending: _____ Child will be entering grade: _____ Fall 2021

Account Email (One email per account): _____
For confirmation, receipts, correspondence/ePact

KASPER Program (AM and PM KASPER is held at the school your child attends. Overflow locations may be available based on demand.)

- 5 Day AM 3 Days AM (check days): M T W TH F
 5 Day PM 3 Days PM (check days): M T W TH F

Please select one of the following:

- If my child's base school has openings, place him/her at the base school location.
 I prefer to have my child attend KASPER at the overflow location and do not want to be at the base school.

List any medical condition/disability/diagnosis for your child:

Americans with Disabilities Act: Special Needs? Yes No

List any accommodations necessary for your child:

Request an NWSRA aide: Yes No

Guardian (1): _____
Print Name

Guardian (2): _____
Print Name

Signature: _____

Signature: _____



2021-2022 KASPER FALL PAYMENT CONTRACT

Contract must accompany registration form

1st Child: _____ School: _____

2nd Child: _____ School: _____

3rd Child: _____ School: _____

KASPER Fall billing cycle includes nine payments beginning Aug. 15, 2021 through April 15, 2022.
(Invoices will be emailed only to the address shown on the registration form the first of every month)

Payment Options:

Amount stated on invoices (Autopay enrollment is free) Yes No
(Accounts will be debited beginning 8/15/21 through 4/15/22)

Registration Fee Yes No

Are you currently receiving State of Illinois Assistance? Yes No

Method of Payment: (check one)

Visa Master Card Discover American Express

Card Number: _____ **Exp. Date:** _____

Cardholder Name (as it appears on the card): _____
(I give the Schaumburg Park District authorization to debit my account above)

Please Note: Declined charges and NSF's will incur a \$25 service fee. NSF fees will not be waived due to compromised credit cards. It is your responsibility to contact the KASPER office with updated information.