



2020 -2021 KASPER REGISTRATION NEW PARTICIPANTS

Registration: June 15th – July 31st, 2020
First Come, First Serve

Completed Registrations:

- Fill out, save and e-mail to kasper@parkfun.com
- Mailed to: Community Recreation Center, KASPER Program (505 N. Springinsguth Rd. Schaumburg, IL, 60194)
 - Mailed registrations must be received, not postmarked: by July 31st, 2020
- **Reminder:** Registration is on a first come first serve basis.

KASPER Hours, Locations and Fees: See the *KASPER Flyer* available on our website

Payment Options: See attached *Payment Contract Form*

- **Financial Assistance:** Applications may be obtained at the KASPER office and online. Families need to re-apply each year. All required documentation must be submitted with the scholarship application for the application to be processed.
- **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.

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

- **Please Note:** From July 31st to August 31st no changes to registrations will be implemented. Any changes received after July 31st will not go into effect until September 7th, 2020.

EPACT NETWORK

The Schaumburg Park District KASPER program is proud to announce the adoption of ePACT Network for better safety! ePACT is a secure emergency network, that we will use to collect medical and emergency contact information electronically. Not only will ePACT replace paper forms, but it will also ensure we have a way to communicate with you in the event of an unexpected situation.

Why are we using ePACT?

- **To save you time** – With ePACT, you only need to complete your child's information once, and can then use that same record for other programs or subsequent years.
- **Improved privacy and security** – Eliminating paper forms ensures that your key information is safe and secure. ePACT maintains the same levels of security as online banking, and limits access only to the administrators we assign for enhanced privacy.
- **Better support** – ePACT makes it easy for you to share comprehensive health and emergency contact details, so we can provide the best support to your child. Plus, you can update this anytime and we will automatically receive those new details.

How it works

- You'll receive an email invite to share information with Schaumburg Park District.
- Click 'Complete Request' to create a free account.
- Enter the required information, like medical conditions, and share it with Schaumburg Park District so that program staff has access.

ePACT Support

Have questions or feedback? Please contact help@epactnetwork.com or call 1-855- 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 KASPER@parkfun.com



Date: _____

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NEW PARTICIPANTS

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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: _____

Child lives with: _____

School: _____ Child will be entering grade: _____ Fall 2020

(1) Guardian's Name: _____ Gender: ☐ M ☐ F Birth Date: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Address: _____

City: _____ Zip Code: _____

(2) Guardian's Name: _____ Gender: ☐ M ☐ F Birth Date: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Address: _____

(If different from child)

City: _____ Zip Code: _____

Account Email (One email per account): _____

(Receipts/Invoices/ePACT)

KASPER Program (AM and PM KASPER is held at the school your child attends)

☐ 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 is at capacity, return my registration fee. I only want care at my child's base school.

☐ If my child's base school is at capacity, place him/her at the overflow location. Registrations will be placed in the order they are received for openings at the base school location.

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Does your child have allergies? ☐ Yes ☐ No Please list:

Does your child take any medication? ☐ Yes ☐ No Please list:

Children requiring medication during program hours must have an authorization form completed through ePACT.

Americans with Disabilities Act: Special Needs? ☐ Yes ☐ No

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

List any accommodations necessary for your child:

Request an NWSRA aide: ☐ Yes ☐ No

Please list all emergency contacts authorized to pick up your child (other than persons listed on page 1):

ALL INFORMATION MUST BE COMPLETED.

Name: _____ Relationship: _____

Address: _____ Gender: ☐ M ☐ F Birth Date: _____

City: _____ Zip Code: _____ Contact Phone: _____

Name: _____ Relationship: _____

Address: _____ Gender: ☐ M ☐ F Birth Date: _____

City: _____ Zip Code: _____ Contact Phone: _____

Name: _____ Relationship: _____

Address: _____ Gender: ☐ M ☐ F Birth Date: _____

City: _____ Zip Code: _____ Contact Phone: _____

Guardian (1): _____ Guardian (2): _____
Print Name *Print Name*

Signature: _____ Signature: _____

Information pertaining to this registration and any/all changes will be made available only to the person(s) whose signature(s) appears on this form (ex: account statements/changes/any and all account information).





2020-2021 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, 2020 through April 15, 2021.

(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)

(Accounts will be debited beginning 8/15/20 through 4/15/21)

☐ Yes

☐ No

Registration Fee

(\$40.00 per child, non-refundable)

☐ Yes

☐ No

Are you currently receiving State of Illinois Assistance?

☐ Yes

☐ No

Are you currently receiving Financial Assistance?

☐ Yes

☐ No

Method of Payment (check one)

☐ Visa

☐ Master Card

☐ Discover

☐ American Express

☐ Check #: _____

☐ Cash

(Make checks payable to Schaumburg Park District)

Card Number: _____ Exp. Date: _____

Cardholder Name (as it appears on the card): _____

Print Name

Cardholder Signature: _____ Date: _____

(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.