



**ROSELLE**  
PARK DISTRICT

## CLUB KIDS 2023 -2024 REGISTRATION FORM

School (please check one): ☐ Waterbury (WB) ☐ Spring Hills (SH)

Participant's Name \_\_\_\_\_

Parent/Payee Name \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Participant DOB: \_\_\_\_\_ Parent DOB: \_\_\_\_\_

All participants must enroll in the ePACT pre-requisite code and pay the one time \$30 registration fee before enrolling in any of the options below.

Waterbury (WB): 228310-01

Spring Hills (SH): 228311-01

### **PLEASE SELECT ONE OF THE REGISTRATION OPTIONS BELOW:**

☐ **Weekly Registration:** Choose the option that works best for your schedule and select which days you will be committing to attending every week. **CHANGES AND TRANSFERS WILL NOT BE ALLOWED FOR THE OPTIONS BELOW.**

If opting for the monthly payment plan, a Payment Plan Authorization form must be completed. Payments are withdrawn on the 15<sup>th</sup> of the month from September to April. All payment plan monthly amounts listed below include a \$6/mo. processing fee.

#### **3 Days per week:**

<b>AM Care</b> WB 228310-A1 SH 228311-A1	<b>PM Care</b> WB 228310-B1 SH 228311-B1	<b>Both AM &amp; PM Care</b> WB 228310-C1 SH 228311-C1	<b>Weekly Attendance Days</b> Select 3
___\$891 Pay in Full	___\$1,782 Pay in Full	___\$2,448 Pay in Full	___M ___Tu ___W ___Th ___F
___\$99/month	___\$198/month	___\$272/month	

#### **4 Days per week:**

<b>AM Care</b> WB 228310-A2 SH 228311-A2	<b>PM Care</b> WB 228310-B2 SH 228311-B2	<b>Both AM &amp; PM Care</b> WB 228310-C2 SH 228311-C2	<b>Weekly Attendance Days</b> Select 4
___\$1,188 Pay in Full	___\$2,367 Pay in Full	___\$3,258 Pay in Full	___M ___Tu ___W ___Th ___F
___\$132/month	___\$263/month	___\$362/month	

#### **5 Days per week:**

<b>AM Care</b> WB 228310-A3 SH 228311-A3	<b>PM Care</b> WB 228310-B3 SH 228311-B3	<b>Both AM &amp; PM Care</b> WB 228310-C3 SH 228311-C3	<b>Weekly Attendance Days</b>
___\$1,485 Pay in Full	___\$2,970 Pay in Full	___\$4,095 Pay in Full	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F
___\$165/month	___\$330/month	___\$455/month	

☐ **Daily Registration:** designed to be flexible for the days and times you need care. Registration is completed per day/date for AM Care, PM Care, or BOTH AM/PM Care. If your AM Care needs for days are different than your PM Care needs as far as daily schedule for childcare, then selecting AM and PM to differentiate the days should be selected instead of BOTH. BOTH refers to AM and PM when the childcare for the morning and the afternoon falls on the same day. **ALL CANCELLATIONS AND/OR TRANSFERS MUST BE REQUESTED AT LEAST ONE WEEK PRIOR TO THE DATE.**

Date	Care Type		
	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care	<input type="checkbox"/> Both AM & PM Care
	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care	<input type="checkbox"/> Both AM & PM Care
	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care	<input type="checkbox"/> Both AM & PM Care
	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care	<input type="checkbox"/> Both AM & PM Care
	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care	<input type="checkbox"/> Both AM & PM Care
	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care	<input type="checkbox"/> Both AM & PM Care
	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care	<input type="checkbox"/> Both AM & PM Care
	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care	<input type="checkbox"/> Both AM & PM Care
	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care	<input type="checkbox"/> Both AM & PM Care
	<input type="checkbox"/> AM Care	<input type="checkbox"/> PM Care	<input type="checkbox"/> Both AM & PM Care

- Registration must be complete 8 days prior to care being needed.
- Payment in full for all days selected is due at time of registration. payment plans are not available for daily registration
- Days missed due to absence are non-transferable and non-refundable and will be taken on a case-by-case basis.
- A \$15 late fee will be added to any registration processed after a child is dropped off.

Once registration is complete you will receive an emailed receipt of payment and a notification from ePACT to create and/or update your child's electronic profile. Your child's ePACT is inclusive of parent/guardian and pick-up contact info, emergency contact information, medical needs, program policies, etc. *Each Club Kids participants ePACT MUST be complete prior to their first day of Club Kids. Participants will be denied access to Club Kids in the event their ePACT is not completed at 100%*

#### Waiver & Release

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program/programs (including transportation services and vehicle operations, when provided). "I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participating in any of the above program(s). I waive and relinquish all claims I or my children may have against the Park District and its officers, agents, servants, and employees as a result of participating in any of the above programs. I hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I or my child/ward may have, or which may accrue to me or my child/ward on account of my participation of the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). "I understand that unless specifically stated in writing at the time of registration, photographs of participants may be taken and used for promotional purposes." Registration will be accepted by mail or fax. You mail your form to the Roselle Park District or send by facsimile transmission to (630) 894-5610. When registering by online or via fax, it is mutually understood that the facsimile registration document (including the waiver and release of all claims) shall substitute for and have the same legal effect as the original form. I understand that I and my child/ward may be expected to follow all District policies and regulations including COVID-19 related guidelines while participating in District programs or using District facilities. A complete listing of the COVID-19 guidelines can be found at [rparks.org](http://rparks.org).

"I have read and fully understand the above program, details and waiver and release of all claims."

Signature

Date

**IF SIGNING UP FOR A PAYMENT PLAN PLEASE COMPLETE THE PAYMENT PLAN AUTHORIZATION FORM**



## CHILDCARE PAYMENT PLAN AUTHORIZATION FORM

Program (please check one): ☐ Preschool ☒ Club Kids

Participant's Name

Parent/Payee Name

Address

City

St

Zip

Home Phone

Cell Phone

Email Address

Credit Card Information:

Card #: \_\_\_\_\_

☐ Visa

☐ Mastercard

☐ Discover

Expiration Date: \_\_\_\_/\_\_\_\_

3 Digit Security Code: \_\_\_\_\_

Families on payment plans will have the allocated amount automatically charged to the credit or debit card on file. Payment will be withdrawn on the 1<sup>st</sup> (Preschool) or 15<sup>th</sup> (Club Kids) of the month depending on the program for which the payment plan is being utilized. Please refer to your registration packet for the amount of your monthly payment.

If payments are declined for ANY reason there will be a \$30.00 administrative fee charged to your account. Declined payments must be paid by the last day of the month. If payments are not made by the dates indicated it may result in your child's removal from the program. It is your responsibility to notify the Park District's Superintendent of Finance to update your card information if you have a lost, stolen, or expired credit/debit card, stolen identity issue, banking problem, another party making payment, divorce related situation, or any other issue that might cause your card to decline. Payment plan balances can be paid in full at any time, or partial payments can be made toward the remaining balance to reduce the monthly debit amount.

*I hereby authorize the Roselle Park District to initiate charges for the purpose of payment for the programs listed above, according to the attached schedule of monthly fees, to the credit/debit card listed above. I further authorize the Roselle Park District to initiate credits to my account to correct any errors and the Financial Institution to initiate any such corrections to my account. This authority is to remain in full force and effect until Roselle Park District and the Financial Institution have received written notification of its termination in such time and in such manner as to afford Roselle Park District and the Financial Institution a reasonable opportunity to act on it prior to debiting the account. I agree to provide any necessary updated credit/debit card information at least 7 days prior to any date when the change is needed for scheduled processing to take place. If payment is not able to be processed according to the schedule below, I agree to pay the \$30 service charge in addition to the scheduled amount due before the first day of the subsequent month. I understand that failure to do so will result in the suspension of all related program services until full payment of the entire balance due is made.*

Authorized Signature

Date