

Waukegan Park District – CHILDREN’S CONNECTION
APPLICATION 2009-2010

Children must meet age requirements by September 1, 2009 in order to enroll.
A copy of a Birth Certificate is required.

****Registration Fee and first and last month’s tuition due with application**.**

I understand that tuition payments are due on or before the first of each month. Payments are **only** to be mailed or brought to the Belvidere Recreation Center, 412 S. Lewis Avenue, Waukegan. All mailed payments **must** be postmarked by the first of the month. I understand that if tuition is not paid by the first of the month, a service charge of \$1 per day will be charged. If payment is not paid by the 5th of the month, a \$10 late fee will be assessed. The Waukegan Park District reserves the right to suspend or cancel enrollment for outstanding balances that have not been paid by the first of the month. _____ (Initials)

Child’s Name: _____ Birthdate: _____
Address: _____
Home Phone Number: _____ Sex: M F

Mother’s Name: _____ Work Phone: _____
Address: _____ (If different from child)

Father’s Name: _____ Work Phone: _____
Address: _____ (If different from child)

CLASS CHOICES: MUST meet age requirements by September 1, 2008.

Sun Rays: 2-3yrs Monthly Tuition: \$93/\$103 # of days

() Tuesday & Thursday #2134 9:00am – 11:30 am 2 days

Shooting Stars: 3-4yrs Monthly Tuition: \$165/\$182

() Monday, Wednesday & Friday #2135 9:00am – 12:00pm 3 days

ALL CLASSES

- LOCATION HAS BEEN MOVED TO THE BEVIER CENTER AT BEVIER PARK.**
- A \$40 (\$44 for non-resident) registration fee, as well as the first and last month tuition payments, are due at the time of registration. The registration fee is **NOT** refundable.**
- If you registered prior to September, the first and last month tuition is refundable as long as the Waukegan Park District is notified of the withdrawal by August 10, 2009.
- If you register after August 10, 2009 only the last month’s tuition is refundable as long as the Waukegan Park District is notified in writing by the 25th of the prior month.
- Make checks payable to the Waukegan Park District.

- TURN OVER -

Emergency Contacts (other than home) all numbers must be **working** numbers.

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Person(s) Authorized to pick up child. **Your child will only be released to the people listed below. Government I.D. is required.**

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Emergency Treatment Permission:

I agree to emergency treatment for the child registered on this form by a physician or hospital in the event that I can not be reached and agree to relieve all personal from liability connected with this act. _____ **(Initials)**

Health:

I agree to turn in my child's completed physical exam form by my child's first day of class. _____ **(Initials)**

Permission:

I do ___/ do not ___ give my child permission to go on field trips with the class.

I do ___/ do not ___ give the Waukegan Park District permission to use any photographs taken of the child in this program in brochures or other publications.

Please state any additional information that will be helpful to the program staff:

I have received: ___2009/10 Parent's Manual ___Physical Exam Form ___Medical Waiver Form

I have read and agree to the above information contained in this application.

Parent's Signature: _____ Date: _____

***Please complete the attached Medical Information form. If medications will be dispensed, the Permission to Dispense Medication Waiver and Release of All Claims forms must also be completed.