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**B.A.S.E Before/After School Program**

**Logo

Description automatically generatedAPPLICATION FORM 2023-2024**\*for participants in grades K-5\*

**Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All forms Checked\_\_\_\_\_\_\_\_\_\_**

**Special needs reviewed \_\_\_\_\_\_\_**

**Medications reviewed\_\_\_\_\_\_\_\_**

**Manager Reviewing\_\_\_\_\_\_\_\_\_\_**

**Date of Final Review\_\_\_\_\_\_\_\_\_**

**STAFF USE**

**STEPS TO REGISTER** – Application Process starting July 17th, 2023

1. You can apply in-person or contact Julia Sanchez 847-360-4707 for application information and complete application. You can call to verify that the program is running (must have minimum registration). **THERE IS A 3 BUSINESS DAY WAITING PERIOD FROM REGISTRATION TO START DATE FOR EACH CHILD TO ATTEND THE PROGRAM.**
2. Complete Park District Application Forms and submit to Julia Sanchez via email to [jrsanchez@waukeganparks.org](mailto:jrsanchez@waukeganparks.org) or by dropping them off at the Field House Sports, Fitness, and Aquatics Center, 800 Baldwin Ave, Waukegan, IL 60085.
3. Once approved, you will be notified to make payments online or pay in person at any Waukegan Park District facility.  
   **SIBLING DISCOUNTS**

* Families with more than one child living in the same household will receive a discount for each additional child in the same program. Eligible programs include: B.A.S.E., W.H.O. and Holiday Adventures Programs. Registration must take place in person to qualify for these discounts.

**START DATE FOR YOUR CHILD WILL BE CONFIRMED 3 BUSINESS DAYS AFTER APPLICATION SUBMISSION TO JULIA SANCHEZ**

|  |  |  |
| --- | --- | --- |
| PROGRAM | Sibling fee for first child  Res/Non-Res | \* Sibling fee for each Additional Child Res/Non |
| **BASE Before School Early** | $184 per month | $164 per month |
| **BASE Before School Late** | $200 per month | $180 per month |
| **BASE After School Early** | $205 per month | $195 per month |
| **BASE After School Late** | $194 per month | $184 per month |
| **We Have Off Days** | $35/$44 per day | $30/39 per day |
| **Holiday Adventures** | $35/$44 per day | $30/$39 per day |
| **Spring Break Adventures** | $35/$44 per day | $30/$39 per day |

***Program Fee Information***

* **A $30** application fee, as well as the first and last month tuition payments is due at the time of registration for the B.A.S.E. program. **The application fee is NOT refundable.**
* Bus transportation might be delayed for two weeks from the day the application is submitted and have been approved.
* If a child cannot attend the program, tuition is refundable only 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.
* Tuition is **DUE on the first of the month** for each consecutive month your child is enrolled in the BASE program. Please contact Julia Sanchez should there be an issue in making a payment.

**Financial Assistance:**

* Students who receive financial support from another source need to provide the official financial support approval letter to the District at the time of registration in order to enroll with no registration fees. Many approval letters are sent directly to the District and are only filed at the Belvidere Recreation Center. Parent/Guardian should always bring their copy of the approval letter with them just in case the District has not yet received its approval letter for the child. ***Belvidere Recreation Center is located at 412 S. Lewis Ave. and is open Monday-Friday from 9am-4pm for B.A.S.E. payments through August 11, 2023.***
* **Once you are registered for the program, B.A.S.E. payments can be made on-line at** [www.waukeganparks.org](http://www.waukeganparks.org)**.   
  You will need to set up a Park District on-line profile. Activation of your account may take up to 24hrs to be approved.**

**Note:** The information and details gathered in this packet are collected solely for registration of the B.A.S.E. program and services through the Waukegan Park District. The records are maintained privately by the Waukegan Park District and will be properly disposed of thereafter in a manner that protects the privacy and confidentiality of the participants and families approved by State regulations.

**Application Instructions**

B.A.S.E Before/After School Program

**APPLICATION FORM 2023-2024**

**PLEASE ANSWER COMPLETELY ALL SECTIONS OF THE APPLICATION PACKET**

If something is not applicable on the medical forms initial and put N/A in that section of the form.

**I understand that B.A.S.E. payments are due on or before the first of each month**. I understand that if my payment 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 day of the month, on the 6th day a $10 late fee will be charged. 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:  M  F

**SCHOOL CHILD ATTENDS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Circle/Check)  Late or  Early Release?



**Legal Guardian 1**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If different from child)

**Legal Guardian 2**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If different from child)

**Email Address**: This helps us communicate with you better: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BEFORE CARE: School District Calendar Followed**

**Before School Program-Early Start #50502201**

MO-FR 8/14-5/22 7-8:30am Reg. is ongoing $184/mo **-1A**

**Before School Program-Late Start #50502201**

MO-FR 8/14-5/22 7-9am Reg. is ongoing $200/mo **-1**B

**AFTER-CARE: School District Calendar Followed**

**After School Program-Early Release #50502202**MO-FR 8/14-5/22 3:30-6pm Reg. is ongoing $205/mo **-1A**

**After School Program-Late Release #50502202**

MO-FR 8/14-5/22 4-6pm Reg. is ongoing $194/mo **-1B**

**I HAVE READ AND AGREE TO THE ABOVE INFORMATION CONTAINED IN THIS APPLICATION.**

**Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**The following documents MUST be completed and returned 2 weeks before you start the B.A.S.E. program to ensure service needs.**

**B.A.S.E. Pick-up Authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Print Participant Name***

Please list everyone authorized to pick-up your child from B.A.S.E. **This includes parents!** Your child will only be released to those individuals on this list. **Government ID is required at pick-up.** If you need to add or remove a person from this list, you may do so at any time in writing.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization To Participate**

I authorize this child to participate in the Waukegan Park District B.A.S.E. Program and any on-site and off-site activities that are included. A Park District van will be used for transportation. \_\_\_\_\_\_\_ **(Initials)**

I agree to pay any payment balances and fees by the deadlines set forth in the Waukegan Park District (WPD) Brochure/Handbook. I understand that failure to make payments on time or violations of any procedures set forth in the WPD Brochure/Handbook can result in forfeit of my deposits and any reserved spaces in the WPD B.A.S.E. program\_\_\_\_\_\_ **(Initials)**

In the event of an emergency, I authorize Park District staff to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered. \_\_\_\_\_\_\_ **(Initials)**

I have provided all **Participant Care and Consideration** **Section** information as required by the Waukegan Park District to insure the best care of my child while attending camp. \_\_\_\_\_\_\_ **(Initials)**

**Legal Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Guardian Checklist of Forms** – check boxes when completed

BASE Application form & the $30 application fee (non-refundable) 1st /last month’s monthly fees

General Medical Information Form

Participant Care and Consideration Section

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**GENERAL MEDICAL INFORMATION FORM**

**Please check or X the appropriate box:**

My child **DOES** **NOT** take medicine during B.A.S.E. hours. \_\_\_\_\_ **(Initials)**

***Even though child does not take medication during B.A.S.E. hours is the child on any medication(s) that we would need to inform paramedics in the case of an emergency?***

**No**  **Yes**

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What its for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child **WILL** needto take medicine during B.A.S.E. hours.\_\_\_\_\_ **(Initials)**

***Additional paperwork is required and can be obtained from program director, Julia Sanchez at*** [***jrsanchez@waukeganparks.org***](mailto:jrsanchez@waukeganparks.org) ***or (847) 360-4707.***

**PROGRAM: BASE 2023-2024**

**Participant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Legal Guardian’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctors Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor’s Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Other numbers on the Emergency Contact form can be referenced)

In order for your child to have the best possible program experience, it is helpful for us to know if your

child has ADD, ADHD, BD, learning disability, asthma, seizures, food allergies or anything else which

might affect his/her experience.

Please use the **Participant Care & Consideration** **Section** page to provide the information needed to assist staff.

**(Continue to next page)**

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**Participant Care & Consideration Section**

Waukegan Park District is committed to meeting your unique, individual leisure needs.  **It is the responsibility of the parent or participant to request any Participant Care & Consideration needed for any conditions that affects your child physically, psychologically, emotionally or socially.** This is for everyone’s protection, and your confidentiality will be respected.

**Please keep in mind that not all personal care needs can be met by the District.**

* Any requests for inclusion services or personal care services should be made a minimum of TWO weeks prior to the start of B.A.S.E.; a delay in making request may delay the start date or require a parent to assist with administration of care during B.A.S.E.
* Once requested parent/guardian **MUST** have a conversation with a Recreation Specialist or another Management Staff prior to the start of B.A.S.E. to confirm the requested Participant Care & Consideration can be administered/provided by B.A.S.E. Staff.
* The Park District does NOT have trained, certified, or licensed healthcare providers on staff.
* Requests for accommodation are evaluated on a case-by-case basis by any one or combination of Park District staff.
* Please note that Park District staff are unable to make medical diagnoses and/or to perform invasive medical procedures.
* When a participant or parent/guardian requests personal or medical care potentially outside the scope of the reasonable accommodation under the ADA, District staff will utilize the established “Participant Care Guidelines” to review the request to help insure the safe involvement of the participant in Park District or SRSNLC programs.
* Additional information from the participant’s doctor may be needed to assist staff in determining if the request for additional care/consideration can be accommodated.
* Once a request is approved, a meeting may be required to allow parent to train staff and/or to discuss plans to best accommodate the participant.

**Please list below or attach a description of any participant care/accommodations you are requesting to your registration form.  This procedure will help ensure your enjoyment of our program.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program participating in**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am requesting participant care/accommodations**

**I am NOT requesting participant care/accomodations** \_\_\_\_\_\_ **(Initials)**