Updated: 07/08/2026

WAUKEGAN PARK DISTRICT
1324 GOLF ROAD • WAUKEGAN, IL 60087-4831 • PHONE (847) BIG-PARK • PHONE (847) 244-7275 • WWW.WAUKEGANPARKS.ORG
ESTABLISHED 1916

Dear Legal Guardian,

Thank you for choosing the Waukegan Park District's Before and After School Experience (B.A.S.E.) program as your child's before or after-school location. This program is for children in grade K-5. We are excited to have your child(ren) in our program and look forward to an exciting school year.

The Waukegan Park District requires that all families complete this entire packet of information and turn it in at the time of your in-person registration. All medical forms must be filled out. If an area does not apply to you, please mark N/A on the form. **Please keep in mind there is a 7-business day waiting period from registration to start date for each child to attend the program. This is an APPLICATION PROCESS. Please submit the application packet to Jordan White via email or by dropping it off at the Belvidere Recreation Center and you will receive an email from Jordan with more information.**

Legal Guardian Checklist of Forms

- ☐ B.A.S.E. Application Form & $30 non-refundable application fee, first month's tuition fee, and last month's tuition fee
- ☐ Acknowledgement to Participate
- ☐ B.A.S.E. Pick-up Authorization
- ☐ Authorization to Participate
- ☐ General Medical Information Form
- ☐ Participant Care & Consideration Section
- ☐ General B.A.S.E. Waiver
- ☐ Waukegan School District #60 Alternate Transportation Application

FINANCIAL AID: If you plan on receiving financial support from an outside source, please read the financial aid section on the registration form.

For program questions, please call Jordan White at (847) 360-4706. Thank you for your understanding and cooperation.

Jordan White
Recreation Specialist – General Recreation
Phone: (847) 360-4706
jwhite@waukeganparks.org

WAUKEGAN PARK DISTRICT

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

APPLICATION FORM 2026-2027

for participants in grades K-5

STAFF USE

Date Received _____
All forms Checked _____
Participant Care Reviewed _____
Medications Reviewed _____
Manager Reviewing _____
Date of Final Review _____

STEPS TO REGISTER – Application Process starting July 13th, 2026

1. You can apply in-person or contact Jordan White at 847-360-4706 for application information and complete application. You can call to verify that the program is running (must have minimum registration). **THERE IS A 7-14 BUSINESS DAY WAITING PERIOD FROM REGISTRATION TO START DATE FOR EACH CHILD TO ATTEND THE PROGRAM.**
2. Complete B.A.S.E. Application Forms and submit to Jordan White via email to jwhite@waukeganparks.org or by dropping them off at the Belvidere Recreation Center, 412 S Lewis Ave, Waukegan, IL 60085.
3. Once approved, you will be notified to make payments online or pay in person at a the Belvidere Recreation Center (in Corrine J. Rose Park), Jack Benny Center (in Bowen Park), or the Field House (in Hinkston Park).

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 Waukegan Park District (District) programs include: B.A.S.E., W.H.O., Holiday Adventures, and Spring Break Adventures Programs. Registration must take place in person to qualify for these discounts.

START DATE FOR YOUR CHILD(REN) WILL BE CONFIRMED BETWEEN 7-14 BUSINESS DAYS AFTER APPLICATION SUBMISSION

PROGRAM	Sibling fee for first child Res/Non-Res	* Sibling fee for each Additional Child Res/Non
BASE Before School Early	$205 per month	$185 per month
BASE Before School Late	$222 per month	$202 per month
BASE After School Early	$228 per month	$208 per month
BASE After School Late	$217 per month	$197 per month
We Have Off Days	$36/$45 per day	$31/$40 per day
Holiday Adventures	$36/$45 per day	$31/$40 per day
Spring Break Adventures	$36/$45 per day	$31/$40 per day

Program Fee Information

- ☐ **A $30** application fee, as well as the first and last month's tuition payment is due at the time of registration for the B.A.S.E. program. **The application fee is NOT refundable.**
- ☐ If a child cannot attend the program, tuition is refundable only as long as Jordan White 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 B.A.S.E. program. Please contact Jordan White should there be an issue in making a payment.
- ☐ A 3% service fee will be charged to all payments using credit or debit cards.

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 14, 2026. After this date payments can be made at the Field House Sports, Fitness, and Aquatics Center (Monday-Friday: 5am-10pm, Saturday-Sunday: 7am-7pm) or the Jack Benny Center (Monday-Thursday: 3pm-8pm, Saturday: 9am-12pm) during operating hours, or by appointment with Jordan White.

- ❑ **Once you are registered for the program, B.A.S.E. payments can be made on-line at www.waukeganparks.org. You will need to set up a 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 for 7 years 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.

WAUKEGAN PARK DISTRICT

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

APPLICATION FORM 2026-2027

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: ____/____/____ Age: _____
Address: _____ City: _____ State: ___ Zip: _____
Phone Number: _____ Sex: ☐ M ☐ F
SCHOOL CHILD ATTENDS: _____ (Check) ☐ Late or ☐ Early Release?

Legal Guardian 1 (First & Last Name): _____
Work Phone: _____ Cell Phone: _____
Home Address: _____ (If different from child)

Legal Guardian 2 (First & Last Name): _____
Work Phone: _____ Cell Phone: _____
Home Address: _____ (If different from child)

Email Address: This helps us communicate with you better: _____

In an event the District deems as an emergency life threatening situation, 911 will be called first then try to contact a legal guardian or emergency contact. The emergency contact will only be called if a legal guardian cannot be reached in a reasonable period of time.
Emergency Contact Name: _____ **Emergency Contact Phone:** _____

BEFORE CARE:			School District Calendar Followed
☐ **Before School Program-Early Start**			**#50502201**
MO-FR	8/17-5/27	7-8:30am	Reg. is ongoing $205/mo **-1A**
☐ **Before School Program-Late Start**			**#50502201**
MO-FR	8/17-5/27	7-9am	Reg. is ongoing $222/mo **-1B**

AFTER-CARE:			School District Calendar Followed
☐ **After School Program-Early Release**			**#50502202**
MO-FR	8/17-5/27	3:30-6pm	Reg. is ongoing $228/mo **-1A**
☐ **After School Program-Late Release**			**#50502202**
MO-FR	8/17-5/27	4-6pm	Reg. is ongoing $217/mo **-1B**

I HAVE READ AND AGREE TO THE ABOVE INFORMATION CONTAINED IN THIS APPLICATION.
Legal Guardian Signature:_____ **Date:**_____

WAUKEGAN PARK DISTRICT

WAUKEGAN PARK DISTRICT

This form MUST be completed and returned as part of your registration packet.

Acknowledgement To Participate

My child is enrolled in Waukegan Public Schools in a grade between Kindergarten and 5th grade at the time of registration. _____ **(Initials)**

My child is toilet trained and can use facilities on their own. _____ **(Initials)**

Legal Guardian Signature: _____ **Date:** _____

Printed Name: _____

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 LEGAL GUARDIANS!** 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: _____

Name: _____ Relationship to Child: _____ Phone: _____

Authorization To Participate

I authorize this child to participate in the Waukegan Park District (District) B.A.S.E. Program and any on-site and off-site activities that are included. A 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 Program Application/Handbook. I understand that failure to make payments on time or violations of any procedures set forth in the Application/Handbook can result in forfeit of my deposits and any reserved spaces in the B.A.S.E. Program. Please ensure requirements are met for state funding before registration. _____ **(Initials)**

In the event of an emergency, I authorize 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 understand that the facility and program is not licensed or regulated by the Illinois Department of Early Childhood (IDEC). B.A.S.E. is a license exempt school aged program that fully approved/complies with all IDEC license exempt standards. _____ **(Initials**

I have provided all **Participant Care & Consideration Section** information as required by the District to insure the best care of my child while attending B.A.S.E. Program. _____ **(Initials)**

Legal Guardian Signature: _____ **Date:** _____

Printed Name: _____

Legal Guardian Checklist of Forms – check boxes when completed

- ☐ B.A.S.E. Application Form & $30 non-refundable application fee, first months tuition, & last months tuition
- ☐ Acknowledgement to Participate
- ☐ B.A.S.E. Pick-up Authorization
- ☐ Authorization to Participate
- ☐ General Medical Information Form
- ☐ Participant Care & Consideration Section
- ☐ General B.A.S.E. Waiver
- ☐ Waukegan School District #60 Alternate Transportation Application

WAUKEGAN PARK DISTRICT

GENERAL MEDICAL INFORMATION FORM

Please check or X the appropriate box:

☐ My child **DOES NOT** take medicine during B.A.S.E. program hours. _____ **(Initials)**

☐ **YES** ☐ **NO** *My child takes medication during non-B.A.S.E. hours which should be reported to the paramedics in the event of an emergency.*

Medication: _____

What it's for: _____

_____

☐ My child **WILL** need to take medicine during B.A.S.E. Program hours. _____ **(Initials)**

Additional paperwork is required and can be obtained from program director, Jordan White at jwhite@waukeganparks.org or (847) 360-4706.

PROGRAM: B.A.S.E. 2026-2027

Participant's Name: _____ **Age:** _____

Address: _____ **City:** _____ **State:** ___ **Zip:** _____

Legal Guardian (First & Last Name**):** _____

Daytime Phone: _____ Other Phone: _____

Doctors Name: _____

Doctor's Phone Number: _____

(In the event of an emergency, calls will be made to those listed on the Emergency Contact Form until someone is contacted.)

It is helpful for us to know if your child has any medical condition(s) or anything else that might affect their experience.

Please use the **Participant Care & Consideration Section** page to provide the information needed to assist staff in providing the best experience for your child(ren).

(Continue to next page)

WAUKEGAN PARK DISTRICT

Participant Care & Consideration Section

Waukegan Park District is committed to meeting your unique, individual leisure needs. **It is the responsibility of the legal guardian or participant to request any Participant Care & Consideration needed for any conditions that affect your child physically, psychologically, emotionally or socially.** It is helpful for us to know if your child has any medical condition(s) or anything else that camp staff should be aware of to help your child(ren) have the best possible experience at B.A.S.E. 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/medical requests should be made a minimum of TWO weeks prior to the start of B.A.S.E. Any requests made after the deadline may delay the start date of B.A.S.E. for your child, require the child to miss B.A.S.E., or require a legal guardian or other personal aid appointed by the guardian to assist with the administration of care during B.A.S.E. If using a personal aid, depending on the exposure to other children, a criminal background check may be required.
- Once requested, the legal 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 staff member.
- The District does NOT have trained, certified, or licensed healthcare providers on staff.
- Please note that District staff are unable to make medical diagnoses and/or to perform invasive medical procedures.
- All personal or medical care requests will be evaluated by using the District established "Participant Care Guidelines" to carefully assess and address such requests for accommodation on a case-by-case basis before ***agreeing*** to accommodate the request.
- Additional information from the participant's doctor may be required to assist staff in determining if the request can be accommodated.
- Once a request is approved, a meeting may be required to allow the legal guardian to train staff and/or to discuss plans to best accommodate the participant.
- We will try our best to accommodate requests; however, not all participant care needs can be met by the District.

Please list below or attach a description of any Participant Care & Consideration accommodations you are requesting to your registration form. This procedure will help ensure your enjoyment of our program. ***If you have nothing to write here, please add N/A.***

_____

_____

_____

_____

Participant Name: _____

Program participating in: _____

☐ **I am requesting Participant Care & Consideration accommodations**

☐ **I am NOT requesting Participant Care & Consideration accommodations _____ (Initials)**

WAUKEGAN PARK DISTRICT

General B.A.S.E. Waiver

IMPORTANT INFORMATION

The Waukegan Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Waukegan Park District continuously strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and guardians of minors registering for B.A.S.E. programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

B.A.S.E. activities, which include homework help, snacks, arts, crafts, play time, and transportation, are intended to challenge, and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision or instruction, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Waukegan Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the program listed below, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs and transportation services, including vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle I recognize and acknowledge that the Waukegan Park District is neither a common carrier nor in the business of providing transportation services to the public. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Waukegan Park District, including its officials, agents, volunteers and employees.
I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with said transportation services and B.A.S.E. activities.

I further agree that this agreement shall be governed by the laws of the State of Illinois.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT
Participant's Name:
Legal Guardian's Name:
Legal Guardian's Signature: Date:

PARTICIPATION WILL BE DENIED if the signature of legal guardian and date are not on this waiver.

Waukegan School District #60
Alternate Transportation Application

Please Note: Requests may take a minimum of 3 to 5 working days to process. Arrangements must be consistent Monday-Friday. Contact your school for bus information.

STUDENT INFORMATION (PLEASE PRINT) (PLEASE FILL OUT COMPLETELY)

School : _____ Today's Date: _____

_____	_____	_____	_____
Student Last Name	Student First Name	Student ID #	Grade

_____	_____	_____	_____	_____
Home Address	Apt.	City	Zip Code	Home Phone #

CHILD LIVES WITH: ☐ Both Parents ☐ Mother ☐ Father ☐ Step/Guardian ☐ Other _____

Parent/Guardian Name: _____ Phone #:_____

Emergency Phone #:_____ Name & Relationship: _____

I am requesting transportation at the following locations: (If the address is home, leave blank)

Before School Pick up Address: _____ City: _____ Zip Code: _____
(Full address, no corners stops)
Daycare/Sitter Name: _____ Phone #: _____

After School Drop-off Address: _____ City: _____ Zip Code: _____
(Full address, no corner stops)
Daycare/Sitter Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

Your child must be eligible for a bus to and from home in order to receive transportation to and from a day care provider. Provider must be within the attending school boundaries and meet the mileage requirements per grade level.

For School Office Use Only

Rec'd: _____/_____/_____ by: _____ at _____ School

Date sent to Office of Transportation: _____/_____/_____

Notes:

For Office of Transportation Use Only

Date received by Office of Transportation: _____/_____/_____

Distance from school: _____ miles In School's Busing Boundary? *Yes / No* Application Approved: *Yes / No*

Denial Reason: [ ] Out of school boundaries (_____) Student's boundaries are: _____

[ ] Student is a Walker _____mi from school [ ] Student is a Parent Voluntary Transfer [ ] Out of District Address

CHANGE EFFECTIVE: _____
(DATE)

FAX BACK TO 224-399-8558 or Email to: warenas@wps60.org

Rev. 6/5/19