

The Kids' place 2009-2010
Before & After School Program
Bloomington Park District

Guidelines/Rules

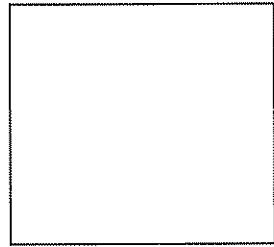
Dear Parents:

To help make the Kid's Place Program enjoyable and safe for all involved, please review the following list of guidelines with you child. After you have reviewed them with your child, please sign the bottom of this letter and return it with your emergency information.

1. No fighting or name-calling of any kind.
2. Show respect to all Kids' Place participants and staff.
3. Playground equipment must be used in the proper manner.
4. Kids' Place participants will only be asked to do something ONCE.
5. No yelling or screaming indoors.
6. Be courteous at all times.
7. Stay with the group.
8. If you play with something, make sure you put it away. Everyone is expected to help clean after a group activity.
9. Sharing is a must!
10. Do not leave the Kids' Place area without permission and supervision.
11. Do not touch or play with items that belong to other Kids' Place participants without permission.
12. Please do not bring any toys/radios from home without permission from the Kids' Place supervisor.
13. All school rules also apply to the Kids' Place Program.
14. Have fun!!

(Signature of Parent/Legal Guardian)

(Kids' Place Participant Signature)



Participant Profile

Child's name _____ Date of Birth _____ Age: _____ Sex: _____

Address: _____

Phone: _____ Grade: _____ Program: _____ Code _____

PARENT INFORMATION

Marital Status: Married Widowed Divorced Single

Name of Father/Male Legal Guardian: _____

Occupation: _____

Employer: _____

Employer's Address: _____

Work number: _____ Work hours: _____

Name of Mother/Female Legal Guardian: _____

Occupation: _____

Employer: _____

Employer's Address: _____

Work number: _____ Work hours: _____

Child's Physician: _____ Phone: _____

Address: _____

Does your child have any physical/mental concerns? Yes No

If yes, please describe: _____

Any known allergies? (Please list): _____

Are there any foods your child cannot eat? _____

Date of last Tetanus shot: _____

Any vision, hearing, or speech problems? _____

Does your child wear glasses? Yes No

If yes, for what, and how often: _____

Are there any medications given regularly? (Please indicate reason) _____

Signature of Parent/Legal Guardian

Date



Authorization For Pick-Up Form

Child's Name: _____ Program: _____ Session: _____

Please list below all individuals who are authorized to pick up your child/children. The individuals will also be called in the event of an emergency if a parent cannot be reached. A photo ID will be required for individuals the staff does not recognize to pick up your child.

Mother's Name: _____ Home Phone: _____

Work Phone: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I do here by authorize Bloomington park District Staff to release my child to the above listed people in the event I am unable to pick him/her up myself. I release Bloomington Park District from any and all responsibility for problems which may develop when such persons take my child from the park district premises.

Signature of Parent/Legal Guardian

Date

KIDS' PLACE 2009-2010 PAYMENT OPTIONS

There are several payment options available for Kids' Place participants. Read over the choices and decide which payment plan you would like to Utilize. Please note that with each payment option a \$75.00 deposit is due at the time of registration. \$60.00 of the deposit will be deducted from your final payment.

Complete this form and return it to the Park District. Circle the payment plan desired.

Child's Name: _____

OPTION #1 – Automatic charge/debit card

VISA/MC. If you choose this option you must complete and return the Charge Card Authorization Form with this form.

OPTION #2 – Coupon Book

It is the responsibility of the parent to get the coupon and related payment to the park district by the 1st day of the corresponding month. Late payments will be assessed a \$5.00 fee for each business day past due after the 1st of the month.

OPTION #3 – Punch card

Punch cards may only be paid for by automatic charge. Once your punch card has been exhausted, the billing department will automatically charge your credit card to renew it. Punch cards are only sold in increments of ten and twenty days. Please specify your choice at the time of registration.

Parent/Guardian Signature

Date

	Office Use		
Activity # _____	Deposit \$60.00	Reg. Fee \$15.00	Total Paid _____
Method of Payment: C _____ K _____ V/M/D _____			Date: _____ Init.: _____
Entered by: _____			
V _____	Exp. _____		
MC _____	Exp. _____		
D _____	Exp. _____		

KIDS PLACE MONTHLY CHARGE CARD AUTHORIZATION FORM

I HEREBY GIVE THE BLOOMINGDALE PARK DISTRICT PERMISSION TO CHARGE MY CREDIT CARD INDICATED BELOW, ON A MONTHLY BASIS FOR MY CHILD'S 2009-2010 KIDS PLACE MONTHLY PAYMENT. THE CHARGE WILL BE PROCESSED BY THE BLOOMINGDALE PARK DISTRICT ON THE FIRST OF EVERY MONTH, BEGINNING SEPTEMBER 2009 AND ENDING WITH THE LAST CHARGE IN MAY 2010.

NO BILL WILL BE SENT, WE WILL AUTOMATICALLY CHARGE YOUR ACCOUNT EACH MONTH.

PLEASE COMPLETE THE FOLLOWING INFORMATION, SIGN AND RETURN.

CIRCLE ONE: VISA MASTERCARD DISCOVER EXPIRATION DATE _____

CARD NUMBER _____

CARDHOLDER'S NAME (PLEASE PRINT): _____

CHILD'S NAME: _____

CHILD'S CLASS – PLEASE CIRCLE ONE:

- | | | |
|--------------------------------------|----------------------|-------------------------------------|
| DUJARDIN BEFORE CARE | DUJARDIN AFTER CARE | DUJARDIN BEFORE & AFTER CARE |
| DUJARDIN BEFORE AM KINDERGARTEN CARE | | DUJARDIN AFTER PM KINDERGARTEN CARE |
| ERICKSON BEFORE CARE | ERICKSON AFTER CARE | ERICKSON BEFORE & AFTER CARE |
| ERICKSON BEFORE AM KINDERGARTEN CARE | | ERICKSON AFTER PM KINDERGARTEN CARE |
| WINNEBAGO BEFORE CARE | WINNEBAGO AFTER CARE | WINNEBAGO BEFORE & AFTER CARE |
| JRC AFTER AM KINDERGARTEN CARE | | JRC BEFORE PM KINDERGARTEN CARE |

AUTHORIZED SIGNATURE _____ DATE _____

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OFFICE USE

TRANSACTION # _____ PROGRAM CODE _____

PLEASE INDICATE DATE/RECEIPT NUMBER WHEN CHARGED:

SEP _____	DEC _____	MAR _____
OCT _____	JAN _____	APR _____
NOV _____	FEB _____	MAY _____

KIDS PLACE PUNCH CARD CHARGE CARD AUTHORIZATION FORM

I HEREBY GIVE THE BLOOMINGDALE PARK DISTRICT PERMISSION TO CHARGE MY CREDIT CARD INDICATED BELOW, ON AN AS NEEDED BASIS FOR MY CHILD'S 2009-2010 KIDS PLACE PUNCH CARD. THE CHARGE WILL BE PROCESSED BY THE BLOOMINGDALE PARK DISTRICT WHEN NOTIFICATION IS RECEIVED THAT YOU ARE OUT OF PUNCHES.

NO BILL WILL BE SENT, WE WILL AUTOMATICALLY CHARGE YOU ACCOUNT EACH MONTH.

PLEASE COMPLETE THE FOLLOWING INFORMATION, SIGN AND RETURN.

CIRCLE ONE: VISA MASTERCARD DISCOVER EXPIRATION DATE _____

CARD NUMBER _____

CARDHOLDER'S NAME (PLEASE PRINT): _____

CHILD'S NAME: _____

CHILD'S CLASS – PLEASE CIRCLE ONE: 10 PUNCHES OR 20 PUNCHES

DUJARDIN BEFORE CARE DUJARDIN AFTER CARE DUJARDIN BEFORE & AFTER CARE

DUJARDIN BEFORE AM KINDERGARTEN CARE DUJARDIN AFTER PM KINDERGARTEN CARE

ERICKSON BEFORE CARE ERICKSON AFTER CARE ERICKSON BEFORE & AFTER CARE

ERICKSON BEFORE AM KINDERGARTEN CARE ERICKSON AFTER PM KINDERGARTEN CARE

WINNEBAGO BEFORE CARE WINNEBAGO AFTER CARE WINNEBAGO BEFORE & AFTER CARE

JRC AFTER AM KINDERGARTEN CARE JRC BEFORE PM KINDERGARTEN CARE

AUTHORIZED SIGNATURE _____ DATE _____

=====

OFFICE USE

TRANSACTION # _____ PROGRAM CODE _____

PLEASE INDICATE DATE/RECEIPT NUMBER WHEN CHARGED:

SEP _____	DEC _____	MAR _____
OCT _____	JAN _____	APR _____
NOV _____	FEB _____	MAY _____