

K-5th Grade

**Erickson
Kids Place
After School Program**

Child's Name: _____
Child's School: _____ School District #: _____
Street Address _____
City _____ Zip Code _____
Child's Birthdate _____
Grade: _____
Phone : _____
Email: _____ New Participant: _____

PAYMENT

CASH \$ _____ CHECK # _____
1. (Circle) VISA MASTERCARD
2. CARDHOLDER # _____
3. EXPIRATION DATE _____ CVV# _____
4. AMT. OF PAYMENT \$ _____
5. AUTHORIZED SIGNATURE: _____

**Program Location: Erickson and DuJardin Schools
or Remote Learning at the JRC**

If your child was NOT enrolled in Camp Escape then you will need to complete an online Emergency Information form from EPACT which will be received by email

Register early to reserve your space as registration is limited due to the Restore Illinois Phase 4 restrictions!
Please note: fees are subject to change pending school hours changing.

Office Use Only:

Today's Date	Total Amount Due	Method of Payment	Copies to RC	Registrar's Initials
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ERICKSON

**Please check mark all of the days
you wish to be enrolled**

AM: \$9.00 per day

PM: \$16.50 per day

	Erickson AM 7:00-8:40 AM	PM at JRC 2:45pm-6:00pm
1/25 80031		
1/26 80032		
1/27 80033		
1/28 80034		
1/29 80035		
2/1 80036		
2/2 80037		
2/3 80038		
2/4 80039		
2/5 80040		
2/8 80041		
2/9 80042		
2/10 80043		
2/11 80044		
2/12 80045		
2/16 80046		
2/17 80047		
2/18 80048		
2/19 80049		
2/22 80050		
2/23 80051		
2/24 80052		
2/25 80053		

Must register 3 business days in advance. Cancellations are subject to regular Bloomington Park District Refund Policy (3 business days notice and \$5 administrative fee)