

# Erickson Kindergarten

Child's Name: \_\_\_\_\_  
Child's School: \_\_\_\_\_ School: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Child's Birthdate \_\_\_\_\_  
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: JOHNSTON RECREATON CENTER

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 \_\_\_\_\_

# ERICKSON

**Please put a check mark next to each day  
that you wish to be enrolled in.**

	AT JRC: AM: \$20 PM: \$20 Wed.: \$40			AT ERICKSON: PM: \$12.50	
	AM 8am-12pm Section A1	PM 12pm-4pm Section A2	Wednesday Full Remote 8am-4pm	Kids Place	PM Kids Place 3:30pm-6pm Section K2
1/4 70051				N/A	N/A
1/5 70052				N/A	N/A
1/6 70053				N/A	N/A
1/7 70054				N/A	N/A
1/8 70055				N/A	N/A
1/11 70056				N/A	N/A
1/12 70057				N/A	N/A
1/13 70058				N/A	N/A
1/14 70059			n/a	N/A	N/A
1/15 70069			n/a	n/a	n/a
1/19 70060			n/a	80027	
1/20 70061			n/a	80028	
1/21 70062			n/a	80029	
1/22 70063			n/a	80030	
1/25 70064			n/a	80031	
1/26 70065			n/a	80032	
1/27 70066			n/a	80033	
1/28 70067			n/a	80034	
1/29 70068			n/a	80035	

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