



# RAT RACE CAMP REGISTRATION FORM – 2015

Ages: 8-10  
Grade: Entering 3<sup>rd</sup> thru 5<sup>th</sup> grade

Initial registration requires 2 business days processing period before your child may start attending camp

**Name:**

**PLEASE check ( ✓ ) day(s) your child will be attending.**

#	Week	Mon	Tue	Wed	Thu	Fri	Weekly Fee <small>R/NR</small>	Daily Fee <small>(R/NR)</small>	Total
1	6/8 - 6/12 <small>Price on/after May 25 3 bus day or less notice</small>						\$149/\$169 \$175/\$195 +\$15/day	\$35/\$40 \$40/\$45 +\$15/day	
2	6/15 – 6/19 <small>Price on/after June 1 3 bus day or less notice</small>						\$149/\$169 \$175/\$195 +\$15/day	\$35/\$40 \$40/\$45 +\$15/day	
3	6/22 – 6/26 <small>Price on/after June 8 3 bus day or less notice</small>						\$149/\$169 \$175/\$195 +\$15/day	\$35/\$40 \$40/\$45 +\$15/day	
4	6/29 – 7/3 <small>Price on/after June 15 3 bus day or less notice</small>						\$149/\$169 \$175/\$195 +\$15/day	\$35/\$40 \$40/\$45 +\$15/day	
5	7/6 – 7/10 <small>Price on/after June 22 3 bus day or less notice</small>						\$149/\$169 \$175/\$195 +\$15/day	\$35/\$40 \$40/\$45 +\$15/day	
6	7/13 – 7/17 <small>Price on/after June 29 3 bus day or less notice</small>						\$149/\$169 \$175/\$195 +\$15/day	\$35/\$40 \$40/\$45 +\$15/day	
7	7/20 – 7/24 <small>Price on/after July 6 3 bus day or less notice</small>						\$149/\$169 \$175/\$195 +\$15/day	\$35/\$40 \$40/\$45 +\$15/day	
8	7/27 – 7/31 <small>Price on/after July 13 3 bus day or less notice</small>						\$149/\$169 \$175/\$195 +\$15/day	\$35/\$40 \$40/\$45 +\$15/day	
9	8/3 – 8/7 <small>Price on/after July 20 3 bus day or less notice</small>						\$149/\$169 \$175/\$195 +\$15/day	\$35/\$40 \$40/\$45 +\$15/day	

- Early Bird payment deadline is always before the Monday at least two weeks in advance
- There are no refunds within 3 business days of the program date without a medical note
- Day of registrations result in appropriate daily fee rate plus extra \$5 convenience fee
- Changing/transferring days is permissible with advance notice in writing
  - \$5 transaction fee for failure of 3 business day advance notice
  - No transfers post 4pm the business day before the program date
  - Depending on date, early bird rate may not be applicable to new date

**Non-Refundable \$75 Camp Registration Fee (409500 B1):** \_\_\_\_\_  
(Reg. before: April 1 save \$50; May1 save \$25) / (add'l household children = \$25)

**Camp Fees (409501) [RecTrac Day Care Activity]:** \_\_\_\_\_

**Total:** \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Entered by: \_\_\_\_\_ Total: \$\_\_\_\_\_ Payment Type: \_\_\_\_\_

# Bloomingtondale Park District

## SUMMER CAMP EXTENDED CARE Punch Card



Child's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ 2nd Contact No.: \_\_\_\_\_

3rd Contact No: \_\_\_\_\_

I hereby give the Bloomingtondale Park District permission to charge my credit card number indicated below on an as needed basis for my child's extended care punch card.

Card Number: \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_

Circle Camp Attending:

Cat Tails      Mouse Hole      Lions Den      Rat Race      Top Dog

Punch cards are sold in increments of 10 or 20

\_\_\_\_\_ AM Care (6:45AM-8:30AM) \$9.00 daily (\$90/\$180) 409701-A1

\_\_\_\_\_ PM Care (3:30PM-6:15PM) \$14.00 daily (\$140/\$280) 409701-B1

Please Circle:                      10 punches    or    20 punches

Processed by \_\_\_\_\_ Date \_\_\_\_\_ Payment Type \_\_\_\_\_ Amount \_\_\_\_\_



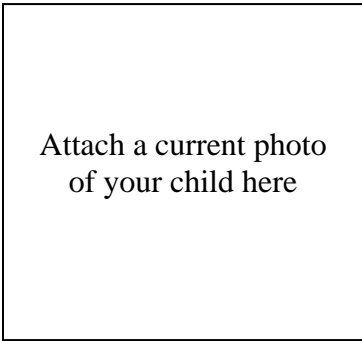
172 South Circle ,  
Bloomingtondale, IL 60108

Phone: 630-529-3650

Fax: 630-529-9184

E-mail:

staff1@bloomingtondaleparks.org



# Child's Name: \_\_\_\_\_ Participant Profile

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone No: \_\_\_\_\_

School/Location: \_\_\_\_\_ Grade: \_\_\_\_\_ Program: \_\_\_\_\_

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? \_\_\_\_\_

Any vision, hearing, or speech problems? \_\_\_\_\_

Does your child wear glasses? Yes No If yes, how often? \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

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

If needed, please fill out a Medication Dispensing Form available at the front desk or online.

\_\_\_\_\_  
Signature of Parent/legal Guardian

\_\_\_\_\_  
Date

Please complete reverse side of this form



# Child's Name: \_\_\_\_\_

## Authorization for Pick-Form

Please list below all the individuals who are authorized to pick up your child/children. These 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: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_  
3<sup>rd</sup> Contact No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_  
3<sup>rd</sup> Contact No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

I do here by authorize Bloomingdale 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 Bloomingdale 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

