

# PARK DISTRICT OF LA GRANGE BEFORE & AFTER SCHOOL RECREATIONAL EXPERIENCE PROGRAM

## 2020-2021 Registration/Emergency Form – **Dist. 102 Kindergarten Only**



### Student's Legal

Name: Last \_\_\_\_\_ First \_\_\_\_\_  Male  Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

### HOME SCHOOL:

Where student will attend 1<sup>st</sup> Grade \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

**SEE KINDERGARTEN BASE OPTIONS ON REVERSE SIDE**

**In order to provide the best care for your child, please answer the following-failure to provide this information may delay your child's attendance in the BASE program.**

Primary Email \_\_\_\_\_

**PLEASE WRITE LEGIBLY – SEPARATE FORM REQUIRED FOR EACH CHILD**

Does your child have any special needs or is your child receiving any special services from school or other agencies?

Yes  No **If yes, please attach a separate explanation with details.**

Does your child have any health or dietary problems that may affect his/her activities or diet (e.g. epilepsy, rheumatic fever, diabetes, allergies, heart trouble, etc.)?  Yes  No **If yes, please attach a separate explanation with details.**

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Child resides with:  both parents  mother  father other \_\_\_\_\_

In addition to those listed above, in case of an emergency, we have your permission to contact and/or release your child(ren) to:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's Name/Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Students may begin BASE after their information is reviewed and verified / Parents will receive an email confirmation**

### Please indicate choice:

- FULL TIME**-Before & after school care consistently throughout school year Monday - Friday
- AM** Before School Care Monday – Friday 1 or more days/wk
- PM** After School Care Monday – Friday 1 or more days/wk

**\$35 REG. FEE PER CHILD/NO REFUNDS  
Make checks payable to: PDLG**

**PLEASE NOTIFY BASE SUPERVISOR  
IF ANY INFORMATION CHANGES**

**OFFICE USE** Received:

Date \_\_\_\_\_

Time \_\_\_\_\_

Staff Initials \_\_\_\_\_

Payment \$35:

Cash

Credit Card

Check # \_\_\_\_\_

**PLEASE SIGN WAIVER ON REVERSE SIDE**

**Park District of La Grange  
Before and After School Program  
BASE Participation Waiver 2020-2021**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program/programs you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program/programs including transportation services and vehicle operations, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss, regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages or losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All claims and Permission to secure treatment. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

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**Name of Child**

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**Signature of Parent/Legal Guardian**

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**Date**

## Kindergarten Options

**Home School: Forest Road**

Students will attend BASE at Barnsdale Road AM/PM

**Home School: Congress Park**

Students will attend BASE at Congress Park AM/PM

**Home School: Ogden Avenue**

Students will attend BASE at Barnsdale Road AM/PM

**Option:** We request student to attend **AM BASE** at Ogden

*Subject to approval*

Yes     No

**Home School: Cossitt**

Students will attend BASE at Barnsdale Road AM/PM

**Option:** We request student to attend **AM BASE** at Cossitt

*Subject to approval*

Yes     No

We request student to attend **PM BASE** at Cossitt

*Subject to approval/status will be confirmed after 8/1/20*

Yes     No