



**Registration and Tuition Agreement:
KIDS CLUB/BASP
for District 89 Schools**



During the school year the Butterfield Park District will provide Kids Club, a Before and After School Program. This program will be available each day school is in session from 7:00-9:00am and from dismissal time at 3:30 until 6:00pm. The program is dependent upon a minimum enrollment of 6 students per day, a maximum of 15.

This contract is an agreement to adhere to the K5 Club for Kids registration policies and permission to participate fully in this program.

Child's Name _____ DOB ____/____/____
 Address _____ City _____
 Home Phone _____ Parent Work Phone _____
 Cell Phone _____ Email Address _____
 School Enrolled _____ Grade Entering _____ Room# _____ Teacher _____
 Special Instructions _____

1. I understand that on days in which the school is closed due to weather conditions there will be no program.
2. I understand that I am responsible for payment of the contracted fees, paid monthly, and will give 2 weeks notice of withdrawal from the program.
3. I agree to pay the amount that corresponds to my child's care as listed in this handbook.
4. If my child does not follow the program rules, I will be notified and appropriate action including removal from the program may be possible.
5. In the event of illness, vacation, or other absences such as scouts, music lessons, or out of school activities, the staff will be notified and I am responsible for my own tuition payment. Communication with the staff should be made through the Park District office or the program staff.
6. The program will assume full responsibility for my child from the time my child arrives at the program location until the scheduled departure time, no later than 6:00 PM. The child must check in and out with the staff.
7. I give my permission for my child to participate in field trips planned by the program staff. I will be notified in advance of the trips.
8. If a medical emergency arises the program staff will first attempt to contact me. If I cannot be reached, the staff will follow the procedure preferences I have indicated. If emergency attention is needed the staff will call an ambulance with all expenses being my sole responsibility.

I will drop off my child at _____ am and pick up at _____ pm.

A late fee of \$5.00 will be assessed for each 10 minutes or portion thereof that my child is picked up after 6:00pm. Parents must pay a \$50.00 non-refundable registration fee. Payments for tuition are due on or before the 15th of the previous month. Any payment received after the 15th of the month is considered late and a \$5.00 per day/per child late fee will apply. Payments received on the 20th or after will be assessed a \$25.00 late charge per child.

TUITION SCHEDULE:**TUITION FEES PER MONTH:**

<u>MONTH</u>	<u>DUE DATE</u>		<u>AM</u>	<u>PM</u>
September	August 15 th	3 Day	\$80.00	\$103.00
October	September 15 th	4 Day	\$ 100.00	\$128.00
November	October 15 th	5 Day	\$ 120.00	\$153.00
December	November 15 th			
January	December 15 th			
February	January 15 th			
March	February 15 th			
April	March 15 th			
May	April 15 th			

<u>Sibling Discount Rates</u>				
		3 Day	\$ 64.00	\$82.40
		4 Day	\$ 80.00	\$102.40
		5 Day	\$ 96.00	\$ 122.40

The \$50.00 registration fee is due at the time of registration. Tuition Payments begins on August 15, 2011.

I have read and understand the Butterfield Park Kids Club A Before/After School Parent handbook.

Parents Signature _____ Date _____

Return with appropriate payment to:

Butterfield Park District
 Kids Club/BASP
 21 W. 730 Butterfield Road,
 Lombard, IL 60148

Please circle which program your child is attending:
BFS/BASP BPD/ BASP KINDER REC

BUTTERFIELD PARK DISTRICT MEDICAL/CHILD RELEASE FORM



TODAY'S DATE _____

CHILD'S NAME _____

ADDRESS _____

PHONE _____ AGE _____ BIRTHDATE _____ GRADE(ENTERING IN FALL) _____

PARENT/LEGAL GUARDIAN _____ PHONE NUMBER _____

WORK NUMBER _____

CELL NUMBER _____

EMAIL ADDRESS _____

SECOND PARENT/LEGAL GUARDIAN _____ PHONE NUMBER _____

WORK NUMBER _____

CELL PHONE _____

EMAIL ADDRESS _____

DOCTOR'S NAME _____ PHONE NUMBER _____

LIST SPECIAL HEALTH PROBLEMS, WHICH THE INSTRUCTOR SHOULD BE AWARE OF, SUCH AS PHYSICAL LIMITATIONS, ALLERGIES, ETC.

SPECIAL INSTRUCTIONS: _____

PERSONS IN COMMUNITY TO NOTIFY IN CASE OF EMERGENCY OR ILLNESS OTHER THAN PARENTS:

NAME _____ PHONE _____

NAME _____ PHONE _____

My child _____ will be discharged to the following:

NAMES AND PHONE NUMBERS OF PERSONS WHO MAY PICK UP CHILD OTHER THAN MOTHER AND FATHER/LEGAL GUARDIANS:

1. _____ PHONE _____

2. _____ PHONE _____

3. _____ PHONE _____

4. _____ PHONE _____

I give Butterfield Park District Staff permission to release _____

(Child's Name)

All above listed individuals (including parents or legal guardians) must provide a photo I.D. upon request during the time of sign in/out.

(Parent/Legal Guardian Signature)

(Date)

The BUTTERFIELD PARK DISTRICT will NOT assume responsibility for accidents or injuries incurred at any program or on park property. It is recommended you review your personal insurance policies for coverage during leisure activities.

TO WHOM IT MAY CONCERN:

As parent and/or legal guardian, I do herewith authorize treatment by qualified and licensed medical doctor for my son/daughter in the event of a medical emergency, which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a responsible effort has been made to reach me.

(Parent/Guardian Initials)

GENERAL PERMISSION SLIP

I hereby waive for my child and myself the right to assert any claims arising out of injury to the child due to participation in, preparation for, or travel to and from any recreation program, sport or activity. I acknowledge that participation in the sport or activities authorized comes with certain risks and are hereby assumed. I relinquish any right, which my child or I might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have.

(Parent/Guardian Initials)

AUTHORIZATION FOR MEDICAL TREATMENT

1. I, the undersigned, hereby agree to allow the individual(s) named heron to participate in Butterfield Park District activities.
2. I certify that to the best of my knowledge, the participant(s) named here on is/are physically fit and able to engage in Recreation Services Division activities.
3. In case of emergency, I give my permission for emergency medical treatment.
4. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant.
5. My signature acknowledges that I understand and agree to the above conditions.

GENERAL WALKING PERMISSION

My child has permission to take short walks off site property with the Butterfield Park District K5 Club for Kids staff as part of their activities. The walks will stay within the immediate area of the Park District boundaries. This permission is given for the entire K5 Club for Kids program. Further information regarding locations of walks will follow.

FIELD TRIP PERMISSION

My child has permission to participate in field trips as arranged and supervised by the Park District K5 Club for Kids staff. In consideration for the right to participate in this activity, I hereby release the Butterfield Park District and Before/After School programs from any claim for liability or any cause of action with the exception of gross negligence and intentional tort arising from my child's use of and participation in. The staff will notify parents in advance of any field trips.

PHOTO RELEASE PERMISSION

We will be taking pictures of children frequently for on going projects. With your initials here, you agree to allow publication of any photos taken at any program, event, or facility for the Butterfield Park District

Do we have permission to photograph your child? (Please circle response) YES NO Parent/ Guardian Initials

I have read, understand, and initialed all the above information.

(Parent/Legal Guardian Signature)

(Parent/Legal Guardian Print Name) (Date)

.....
At our program, we will occasionally give children the option of watching a video. We need to know what you would find acceptable for your child to watch. Please indicate with a check your choice(s) for your child.

My child _____ has permission to watch:

_____ PG-rated videos



Child's Name _____

Site _____

BEHAVIORAL STANDARDS

As part of a community effort the Butterfield Park District is proud to be a part of the Character Counts program. Through this program we will promote the Six Pillars of Character: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. This will be the basis of appropriate behaviors at K5 Club for Kids.

APPROPRIATE BEHAVIORS - Definitions on back, please read with your child before initialing.

Initials:

Parent

Child

- | | | |
|-------|-------|---------------------|
| _____ | _____ | (1) Trustworthiness |
| _____ | _____ | (2) Respect |
| _____ | _____ | (3) Responsibility |
| _____ | _____ | (4) Fairness |
| _____ | _____ | (5) Caring |
| _____ | _____ | (6) Citizenship |



FIRST WARNING

The first time a child does not follow our behaviors associated with the Six Pillars of Character, the parent will be notified by phone, in person or by written letter if a parent cannot be reached. At the time of the incident both the child and the lead counselor will discuss and put together a positive behavior management plan and document it.

SECOND WARNING

If a child continues not to follow our behaviors associated with the Six Pillars of Character after a first warning has been given, the child will then receive a written second warning. This warning will state the behavior of the child and notify the parent(s) that one more incident of such behavior could lead to possible removal from the program. We will also ask that the parent(s) look at the positive behavioral management plan. Both the warning and the behavioral management plan must be signed by a parent and returned. One copy will remain at the site, with the staff, and the parents will retain another.

THIRD (FINAL) WARNING

After a first and second warning has been issued and the child continues not to follow our behaviors associated with the Six Pillars of Character the parent will be contacted by phone and given a written notice that the child must be removed from the program for a certain period of time or permanently, depending on the severity of the behavior.

I have read, understand, and accept the above Behavioral Standards and procedures.

Parent/Guardian Signature

Child's Signature

Six Pillars of Character

TRUSTWORTHINESS. Trustworthiness is being honest, telling the truth, keeping promises and being loyal so people can trust you. Trustworthy people don't lie, cheat, or steal. They have integrity and the moral courage to do the right thing and stand up for their beliefs even when it is hard to do so.

RESPECT. Respect is showing others that they are valued for who they are, for their character, not what they look like or what they have. It means treating others the way you want to be treated, never insulting or making fun of others who are different in looks, ability, race, or religion. A respectful person is polite, does not use bad language and never uses violence.

RESPONSIBILITY. Responsibility is doing what you're supposed to do. Responsible people think ahead, set realistic goals, control their tempers and always do their best. They don't give up easily, especially when others are counting on them. They are accountable for the consequences of their choices; they don't blame others for their mistakes.

FAIRNESS. Fairness is playing by the rules, taking turns, sharing, and listening. Fair people do not take advantage of others, consider all sides before they decide and don't blame others unjustly.

CARING. Caring is being kind, helpful, and generous to everyone. Caring people are not selfish; they are considerate and always think about how their conduct affects others. They have compassion and empathy; they care how others feel and they are charitable and forgiving. They do good deeds without thought of reward.

CITIZENSHIP. Citizenship is doing your share to help your family and make your community a better place. Good citizens are good neighbors. They cooperate with others, obey laws and rules, respect the authority of parents, counselors, and others, and they protect the environment.



KIDS CLUB/ BASP for District 89 Schools
Attendance Sheet



Child's Name: _____

School Enrolled: _____

Teacher: _____ Grade: _____

Room Number: _____

Please circle the attendance option.

AM: 5 Day (Monday through Friday)

4 Day (choose the days your child will be in attendance with the program)

Monday Tuesday Wednesday Thursday Friday

3 Day (choose the days your child will be in attendance with the program)

Monday Tuesday Wednesday Thursday Friday

If your schedule changes or your specific day option, you must have approval from program coordinator to ensure available openings.

PM: 5 Day (Monday through Friday)

4 Day (choose the days your child will be in attendance with the program)

Monday Tuesday Wednesday Thursday Friday

3 Day (choose the days your child will be in attendance with the program)

Monday Tuesday Wednesday Thursday Friday

If your schedule changes or your specific day option, you must have approval from program coordinator to ensure available openings.