

# Butterfield School RecKids

2025-2026 School Year  
beginning FALL 2025



Butterfield Park District      21w730 Butterfield Rd      630-858-2229x15      Lombard, IL 60148

*Please print*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M ☐ F ☐

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_ School your child attends: \_\_\_\_\_

I understand that I am responsible for payment of the contracted fees, paid monthly, and will give two weeks notice of withdrawal from the program. The \$100/ \$25 administrative fee is non-refundable. Payments are due on the 15th of each month one month in advance.

I agree to pay the amount that corresponds to my child's program as listed.

The program will assume full responsibility for my child from the time my child arrives at the program location until the end of class upon pick-up.

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 have read and understand the above information.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Return with \$100 non-refundable administrative fee for 1st child any additional sibling is \$25: Butterfield Park District**

| PROGRAM NAME  | TIME               | OPTION       | FEE                  |
|---|--------------------|--------------|----------------------|
| RecKids Before School Care<br>(Please circle the days you need) | 7:00-8:30am        | Monthly      | Please Select Option |
| M Tu W Th F   |                    | 2 Day        | 135.00               |
| M Tu W Th F   |                    | 3 Day        | 150.00               |
| M Tu W Th F   |                    | 4 Day        | 170.00               |
| M Tu W Th F   |                    | 5 Day        | 190.00               |
| RecKids After School Care<br>(Please circle the days you need)  | 3:15/3:30pm-6:00pm | Monthly      | Please Select Option |
| M Tu W Th F   |                    | 2 Day        | 170.00               |
| M Tu W Th F   |                    | 3 Day        | 195.00               |
| M Tu W Th F   |                    | 4 Day        | 240.00               |
| M Tu W Th F   |                    | 5 Day        | 280.00               |
| Punch Pass Card   |                    | OPTION       | Fee                  |
| 10 punches  |                    | 1 per visit  | \$230                |
|   |                    | AM and/or PM |                      |

**Please circle which days and option you need  
for AM/PM care**

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 hereon to participate in Butterfield Park District activities.
  2. I certify that to the best of my knowledge, the participant(s) named hereon 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 Rec 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 Rec 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 Rec Kids staff. In consideration for the right to participate in this activity, I hereby release the Butterfield Park District and Rec Kids 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 ongoing 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)

.....

## **BUTTERFIELD PARK DISTRICT EMERGENCY FORM**

TODAY'S DATE\_\_\_\_\_

CHILD'S NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

PHONE\_\_\_\_\_ AGE\_\_\_\_\_ BIRTHDATE\_\_\_\_\_ GRADE (ENTERING IN FALL)\_\_\_\_\_

PARENT/ LEGAL GUARDIAN\_\_\_\_\_ PHONE NUMBER\_\_\_\_\_

WORK NUMBER\_\_\_\_\_

CELL NUMBER\_\_\_\_\_

SECOND PARENT/ LEGAL GUARDIAN\_\_\_\_\_ EMAIL ADDRESS\_\_\_\_\_

PHONE NUMBER\_\_\_\_\_

WORK NUMBER\_\_\_\_\_

CELL NUMBER\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_

PHYSICIAN'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 PARENT/LEGAL GUARDIAN**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I give Butterfield Park District Staff permission to release \_\_\_\_\_

(Child's Name)

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

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)

## AUTO DEBIT FORM

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

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

Participants name for which auto debit will be used: \_\_\_\_\_

**I request to pay by cash/check instead of credit card, before the 15th of each month**

☐

**\* A credit card must be put on file regardless if paying by check. If payment is late, we will charge the card on file.\***

**If you are already a Rec Kids participant that has paid the admin fee the 1/2 days and Early Release Days for your school district are included in your monthly fee. Any full No School Days will be an extra fee. You will still need to register for any services needed.**

I (we) hereby authorize Butterfield Park District, to initiate entries to my (our) ☐ Credit Card indicated above on the due dates for which is agreed upon per program registration. This authorization is to remain in full force and effective until Butterfield Park District has received written notification from me, and/or the expiration of program registration services.

Please notify Butterfield Park District with new expiration dates/changes to accounts, etc. Please verify your accounts to make sure payments are being debited and the payment amount is correct. Your monthly billing receipt will now show an approximately 3.5% ActiveNet processing fee. The fee has been initiated by ActiveNet and the Butterfield Park District does not receive any of these funds. We will continue to absorb the transaction fees initiated by using your credit card. Payment by check or cash will not incur the processing fee.

Signature: \_\_\_\_\_