



No School Days

School District 44 2025-2026

Camper's Name: _____ Male ☐ Female ☐

Address: _____ Town/Zip: _____

Phone #1: _____ Phone #2: _____

Birthdate: _____ Age: _____ Grade : _____

Parent's Name: _____

E-Mail Address: _____

**Please
remember you
are only
registered for
the days paid.**

**Please remember to circle which dates you need. Hours are 7am-6pm.*

Date	District 44 Reason	Camp	Fees	STAFF INITIALS Date Paid
8/29/25	Early Release Day	Half Day	\$40/ \$0	
9/23/25	Early Release Day	Half Day	\$40/ \$0	
10/13/25	Columbus/Indigenous Peoples' Day	Full Day	\$50	
10/14/25	School Improvement Day	Full Day	\$50	
10/31/25	Early Release Day	Half Day	\$40/ \$0	
11/24/25	Conferences	Full Day	\$50	
11/25/25	Conferences	Full Day	\$50	
11/26/25	Conferences	Full Day	\$50	
12/19/25	Early Release Day	Half Day	\$40/ \$0	
12/22/25	Winter Break	Full Day	\$50	
12/23/25	Winter Break	Full Day	\$50	
12/26/25	Winter Break	Full Day	\$50	
12/29/25	Winter Break	Full Day	\$50	
12/30/25	Winter Break	Full Day	\$50	
1/2/26	Winter Break	Full Day	\$50	

**If you are not in
Rec Kids the Early
Release and Half
Days will have a
fee.
Half days & Early
Release Days will
be \$40.**

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. If you are not a Rec Kids participant and did not paid the admin fee the Early release Days/ half days are \$40. Any full No School Days will be an extra fee. You will still need to register for any services needed.

More on the back!

Date	District 44 Reason	Camp	Fees	STAFF INITIALS Date Paid
1/16/26	School Improvement Day	Full Day	\$50	
1/19/26	MLK Day	Full Day	\$50	
1/28/26	Early Release Day	Half Day	\$40/ \$0	
2/13/26	School Improvement Day –1/2 day	Half Day	\$40/ \$0	
2/16/26	Presidents Day	Full Day	\$50	
2/27/26	Institute Day	Full Day	\$50	
3/19/26	Early Release Day	Half Day	\$40/ \$0	
3/30/26	Spring Break	Full Day	\$50	
3/31/26	Spring Break	Full Day	\$50	
4/1/26	Spring Break	Full Day	\$50	
4/2/26	Spring Break	Full Day	\$50	
4/3/26	Spring Break	Full Day	\$50	
4/6/26	Non– Attendance Day	Full Day	\$50	
4/22/26	Early Release Day	Half Day	\$40/ \$0	
5/28/26	Early Release Day	Half Day	\$40/ \$0	

If you are not enrolled into Rec Kids the Early Release and Half Days will have a fee.
Half days & Early Release Days will be \$40.

You can also register easily online for any Full No School Days!!!

Go to our website butterfieldpd.com under our registration tab.

You can not register online for any Early Release Days or Half days that must be through Danielle.

Butterfield Park District Waiver and Release

IMPORTANT INFORMATION

Participants and parents/guardians of minors registering for the above listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or you minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the Butterfield Park District identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or you minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Butterfield Park District, including its officials, agents, volunteers, and employees (herein after collectively referred as Butterfield Park District).

Full Name Printed

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.

As parent and/or 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 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 Day Camp 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 Day Camp 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 Day Camp staff. In consideration for the right to participate in this activity, I hereby release the Butterfield Park District and Day Camp 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
I have read, understand, and initialed all the above information.

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

(Parent/Legal Guardian Signature)

(Parent/Legal Guardian Print Name) (Date)

.....

Swimming

My child is able to swim (please circle one)

Well

Fair

Poor

Does your child need a swim buddy?

Yes

No

Parent Signature

Date

SPECIAL INSTRUCTIONS: _____

ONLY COMPLETE IF THE PARTICIPANT IS NOT ENROLLED IN REC KIDS

BUTTERFIELD PARK DISTRICT EMERGENCY FORM

21 W 730 Butterfield Road
Lombard, IL 60148
Office #: 630-858-2229
Fax#: 630-858-2234
www.butterfieldpd.com

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: _____

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

I would like to pay by check instead of Credit Card: ☐

Please be advised that a \$10.00 charge will be added to your fee for same day registrations. Initials _____

I (we) hereby authorize Butterfield Park District, to initiate entries to my (our) ☐ Credit Card ☐ Checking Account (select one) 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: _____

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