



2020-21 STAR & KSTAR Before and After School Care REGISTRATION FORM

Print all information neatly and carefully.

Space is limited. Registration is open until filled or until the deadline of August 2, 2020, whichever comes first.

Family Name _____

Start Date _____

Primary Guardian Name _____

Primary Phone _____ - _____ - _____ Secondary Phone _____ - _____ - _____ E-mail _____

Address _____ City _____ State _____ Zip _____

For Your Child's Safety Please list anyone that **DOES NOT** have authorization to pick up your child, if any:

Reasonable Accommodations?

The Hoffman Estates Park District works in collaboration with Northwest Special Recreation Association (NWSRA) to provide additional training to park district staff and when necessary, an inclusion aide to assist the registrant within the program. In order to provide the best customer service, please notify the park district at least **two weeks** prior to the start of the program. For requests received after that time frame, the best efforts will be made to accommodate the registrant.

Request NWSRA Assistance Request more information for accommodations N/A

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 Hoffman Estates 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 your 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 injuries, damages or loss regardless of severity, that I or my minor child/ward may sustain as a result of 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 Hoffman Estates Park District, including its officials, agents, volunteers and employees (here in after collectively referred as Hoffman Estates Park District).

I do hereby fully release and forever discharge the Hoffman Estates Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

Important information:

The Hoffman Estates Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Hoffman Estates Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

I understand and agree that my credit/debit card/checking account noted on the EFT form will be automatically charged on the tenth of each month. If the tenth of the month falls on a Saturday, Sunday or District holiday, the account will be charged on the next business day the office is open through April. It is my responsibility to update my payment info on file for automatic payment. I understand and agree that transactions rejected due to no fault of the Hoffman Estates Park District will be assessed a \$20 service fee. I also understand and agree that my child(ren)'s enrollment in the program may be suspended or cancelled at the discretion of the Program Manager until an updated form of payment is received and successfully processed. If full payment is not received by the 25th of the month, a \$25 late payment fee will be added to the balance due.

Parent Signature _____ Date _____

STAR Registration	GRADE IN 2020/21	DAYS ATTENDING	CARE LOCATION	3 Days BEFORE		3 Days AFTER		5 Days BEFORE		5 Days AFTER		
				Fee	156420-	Fee	156420-	Fee	156420-	Fee	156420-	
1st STAR Participant Name: Gender: Date of Birth:	<input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th	AM PM M <input type="checkbox"/> <input type="checkbox"/> Tu <input type="checkbox"/> <input type="checkbox"/> W <input type="checkbox"/> <input type="checkbox"/> Th <input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/>	Willow - Frank C. Whiteley	\$88	A1 <input type="checkbox"/>	\$120	A2 <input type="checkbox"/>	\$152	A4 <input type="checkbox"/>	\$190	A5 <input type="checkbox"/>	
			Willow - Thomas Jefferson	\$46	B1 <input type="checkbox"/>	\$167	B2 <input type="checkbox"/>	\$79	B4 <input type="checkbox"/>	\$264	B5 <input type="checkbox"/>	
			Armstrong	\$80	C1 <input type="checkbox"/>	\$140	C2 <input type="checkbox"/>	\$133	C4 <input type="checkbox"/>	\$214	C5 <input type="checkbox"/>	
			Fairview	\$80	D1 <input type="checkbox"/>	\$140	D2 <input type="checkbox"/>	\$133	D4 <input type="checkbox"/>	\$214	D5 <input type="checkbox"/>	
			Lakeview	\$80	E1 <input type="checkbox"/>	\$140	E2 <input type="checkbox"/>	\$133	E4 <input type="checkbox"/>	\$214	E5 <input type="checkbox"/>	
			MacArthur	\$80	F1 <input type="checkbox"/>	\$140	F2 <input type="checkbox"/>	\$133	F4 <input type="checkbox"/>	\$214	F5 <input type="checkbox"/>	
			Muir	\$80	G1 <input type="checkbox"/>	\$140	G2 <input type="checkbox"/>	\$133	G4 <input type="checkbox"/>	\$214	G5 <input type="checkbox"/>	
			Lincoln Prairie	\$113	I1 <input type="checkbox"/>	\$112	I2 <input type="checkbox"/>	\$189	I4 <input type="checkbox"/>	\$172	I5 <input type="checkbox"/>	
2nd STAR Participant Name: Gender: Date of Birth: <i>(Receive a 10% discount)</i>	<input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th	AM PM M <input type="checkbox"/> <input type="checkbox"/> Tu <input type="checkbox"/> <input type="checkbox"/> W <input type="checkbox"/> <input type="checkbox"/> Th <input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/>	Willow - Frank C. Whiteley	\$79	A1 <input type="checkbox"/>	\$108	A2 <input type="checkbox"/>	\$137	A4 <input type="checkbox"/>	\$171	A5 <input type="checkbox"/>	
			Willow - Thomas Jefferson	\$41	B1 <input type="checkbox"/>	\$150	B2 <input type="checkbox"/>	\$71	B4 <input type="checkbox"/>	\$238	B5 <input type="checkbox"/>	
			Armstrong	\$72	C1 <input type="checkbox"/>	\$126	C2 <input type="checkbox"/>	\$120	C4 <input type="checkbox"/>	\$193	C5 <input type="checkbox"/>	
			Fairview	\$72	D1 <input type="checkbox"/>	\$126	D2 <input type="checkbox"/>	\$120	D4 <input type="checkbox"/>	\$193	D5 <input type="checkbox"/>	
			Lakeview	\$72	E1 <input type="checkbox"/>	\$126	E2 <input type="checkbox"/>	\$120	E4 <input type="checkbox"/>	\$193	E5 <input type="checkbox"/>	
			MacArthur	\$72	F1 <input type="checkbox"/>	\$126	F2 <input type="checkbox"/>	\$120	F4 <input type="checkbox"/>	\$193	F5 <input type="checkbox"/>	
			Muir	\$72	G1 <input type="checkbox"/>	\$126	G2 <input type="checkbox"/>	\$120	G4 <input type="checkbox"/>	\$193	G5 <input type="checkbox"/>	
			Lincoln Prairie	\$102	I1 <input type="checkbox"/>	\$101	I2 <input type="checkbox"/>	\$170	I4 <input type="checkbox"/>	\$155	I5 <input type="checkbox"/>	
3rd STAR Participant Name: Gender: Date of Birth: <i>(Receive a 10% discount)</i>	<input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th	AM PM M <input type="checkbox"/> <input type="checkbox"/> Tu <input type="checkbox"/> <input type="checkbox"/> W <input type="checkbox"/> <input type="checkbox"/> Th <input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/>	Willow - Frank C. Whiteley	\$79	A1 <input type="checkbox"/>	\$108	A2 <input type="checkbox"/>	\$137	A4 <input type="checkbox"/>	\$171	A5 <input type="checkbox"/>	
			Willow - Thomas Jefferson	\$41	B1 <input type="checkbox"/>	\$150	B2 <input type="checkbox"/>	\$71	B4 <input type="checkbox"/>	\$238	B5 <input type="checkbox"/>	
			Armstrong	\$72	C1 <input type="checkbox"/>	\$126	C2 <input type="checkbox"/>	\$120	C4 <input type="checkbox"/>	\$193	C5 <input type="checkbox"/>	
			Fairview	\$72	D1 <input type="checkbox"/>	\$126	D2 <input type="checkbox"/>	\$120	D4 <input type="checkbox"/>	\$193	D5 <input type="checkbox"/>	
			Lakeview	\$72	E1 <input type="checkbox"/>	\$126	E2 <input type="checkbox"/>	\$120	E4 <input type="checkbox"/>	\$193	E5 <input type="checkbox"/>	
			MacArthur	\$72	F1 <input type="checkbox"/>	\$126	F2 <input type="checkbox"/>	\$120	F4 <input type="checkbox"/>	\$193	F5 <input type="checkbox"/>	
			Muir	\$72	G1 <input type="checkbox"/>	\$126	G2 <input type="checkbox"/>	\$120	G4 <input type="checkbox"/>	\$193	G5 <input type="checkbox"/>	
			Lincoln Prairie	\$102	I1 <input type="checkbox"/>	\$101	I2 <input type="checkbox"/>	\$170	I4 <input type="checkbox"/>	\$155	I5 <input type="checkbox"/>	
4th STAR Participant Name: Gender: Date of Birth: <i>(Receive a 10% discount)</i>	<input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th	AM PM M <input type="checkbox"/> <input type="checkbox"/> Tu <input type="checkbox"/> <input type="checkbox"/> W <input type="checkbox"/> <input type="checkbox"/> Th <input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/>	Willow - Frank C. Whiteley	\$79	A1 <input type="checkbox"/>	\$108	A2 <input type="checkbox"/>	\$137	A4 <input type="checkbox"/>	\$171	A5 <input type="checkbox"/>	
			Willow - Thomas Jefferson	\$41	B1 <input type="checkbox"/>	\$150	B2 <input type="checkbox"/>	\$71	B4 <input type="checkbox"/>	\$238	B5 <input type="checkbox"/>	
			Armstrong	\$72	C1 <input type="checkbox"/>	\$126	C2 <input type="checkbox"/>	\$120	C4 <input type="checkbox"/>	\$193	C5 <input type="checkbox"/>	
			Fairview	\$72	D1 <input type="checkbox"/>	\$126	D2 <input type="checkbox"/>	\$120	D4 <input type="checkbox"/>	\$193	D5 <input type="checkbox"/>	
			Lakeview	\$72	E1 <input type="checkbox"/>	\$126	E2 <input type="checkbox"/>	\$120	E4 <input type="checkbox"/>	\$193	E5 <input type="checkbox"/>	
			MacArthur	\$72	F1 <input type="checkbox"/>	\$126	F2 <input type="checkbox"/>	\$120	F4 <input type="checkbox"/>	\$193	F5 <input type="checkbox"/>	
			Muir	\$72	G1 <input type="checkbox"/>	\$126	G2 <input type="checkbox"/>	\$120	G4 <input type="checkbox"/>	\$193	G5 <input type="checkbox"/>	
			Lincoln Prairie	\$102	I1 <input type="checkbox"/>	\$101	I2 <input type="checkbox"/>	\$170	I4 <input type="checkbox"/>	\$155	I5 <input type="checkbox"/>	
KSTAR Registration	GRADE IN 2020/21	DAYS ATTENDING	CARE LOCATION	3 Days BEFORE		3 Days AFTER		5 Days BEFORE		5 Days AFTER		
<i>Subject to an additional bussing fee, incorporated by District 15. Must be set-up prior to the start date.</i>				Fee	156420-	Fee	156421-	Fee	156420-	Fee	156421-	
1st KSTAR Participant Name: Gender: Date of Birth:	<input type="checkbox"/> K	AM PM M <input type="checkbox"/> <input type="checkbox"/> Tu <input type="checkbox"/> <input type="checkbox"/> W <input type="checkbox"/> <input type="checkbox"/> Th <input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/>	Willow - Frank C. Whiteley									
			BEFORE Care	\$88	A1 <input type="checkbox"/>			\$152	A4 <input type="checkbox"/>			
			AFTER Care until 2:30pm			\$140	A1 <input type="checkbox"/>			\$221	A3 <input type="checkbox"/>	
			AFTER Care until 6:00pm			\$302	A2 <input type="checkbox"/>			\$479	A4 <input type="checkbox"/>	
			Willow - Thomas Jefferson									
			BEFORE Care	\$46	B1 <input type="checkbox"/>			\$79	B4 <input type="checkbox"/>			
AFTER Care until 2:30pm			\$186	B1 <input type="checkbox"/>			\$295	B3 <input type="checkbox"/>				
AFTER Care until 6:00pm			\$349	B2 <input type="checkbox"/>			\$553	B4 <input type="checkbox"/>				
2nd KSTAR Participant Name: Gender: Date of Birth: <i>(Receive a 10% discount)</i>	<input type="checkbox"/> K	AM PM M <input type="checkbox"/> <input type="checkbox"/> Tu <input type="checkbox"/> <input type="checkbox"/> W <input type="checkbox"/> <input type="checkbox"/> Th <input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/>	Willow - Frank C. Whiteley									
			BEFORE Care	\$79	A1 <input type="checkbox"/>			\$137	A4 <input type="checkbox"/>			
			AFTER Care until 2:30pm			\$126	A1 <input type="checkbox"/>			\$199	A3 <input type="checkbox"/>	
			AFTER Care until 6:00pm			\$272	A2 <input type="checkbox"/>			\$431	A4 <input type="checkbox"/>	
			Willow - Thomas Jefferson									
			BEFORE Care	\$41	B1 <input type="checkbox"/>			\$71	B4 <input type="checkbox"/>			
AFTER Care until 2:30pm			\$167	B1 <input type="checkbox"/>			\$265	B3 <input type="checkbox"/>				
AFTER Care until 6:00pm			\$314	B2 <input type="checkbox"/>			\$498	B4 <input type="checkbox"/>				

Registration Fee(s) are due at time of enrollment. Registration Fee: \$25 Per Child.

Payment: Cash Check # _____ Credit Card: Visa MasterCard Discover American Express

Cardholder Name: _____ Last 4 digits of CC on file: _____ Exp Date: _____

Signature _____

Charge Amount: _____