



## 2021-22 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 6, 2021, 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 2021/22	DAYS ATTENDING	CARE LOCATION	3 Days BEFORE		3 Days AFTER		5 Days BEFORE		5 Days AFTER	
				Fee	256420-	Fee	256420-	Fee	256420-	Fee	256420-
<b>1<sup>st</sup> STAR Participant Name:</b>	<input type="checkbox"/> K	AM PM	Frank C. Whiteley	\$100	A1 <input type="checkbox"/>	\$136	A2 <input type="checkbox"/>	\$169	A4 <input type="checkbox"/>	\$212	A5 <input type="checkbox"/>
	<input type="checkbox"/> 1 <sup>st</sup>	M <input type="checkbox"/> <input type="checkbox"/>	Thomas Jefferson	\$52	B1 <input type="checkbox"/>	\$189	B2 <input type="checkbox"/>	\$89	B4 <input type="checkbox"/>	\$294	B5 <input type="checkbox"/>
	<input type="checkbox"/> 2 <sup>nd</sup>	Tu <input type="checkbox"/> <input type="checkbox"/>	Armstrong	\$81	C1 <input type="checkbox"/>	\$142	C2 <input type="checkbox"/>	\$135	C4 <input type="checkbox"/>	\$218	C5 <input type="checkbox"/>
	<input type="checkbox"/> 3 <sup>rd</sup>	W <input type="checkbox"/> <input type="checkbox"/>	Fairview	\$81	D1 <input type="checkbox"/>	\$142	D2 <input type="checkbox"/>	\$135	D4 <input type="checkbox"/>	\$218	D5 <input type="checkbox"/>
	<input type="checkbox"/> 4 <sup>th</sup>	Th <input type="checkbox"/> <input type="checkbox"/>	Lakeview	\$81	E1 <input type="checkbox"/>	\$142	E2 <input type="checkbox"/>	\$135	E4 <input type="checkbox"/>	\$218	E5 <input type="checkbox"/>
	<input type="checkbox"/> 5 <sup>th</sup>	F <input type="checkbox"/> <input type="checkbox"/>	MacArthur	\$81	F1 <input type="checkbox"/>	\$142	F2 <input type="checkbox"/>	\$135	F4 <input type="checkbox"/>	\$218	F5 <input type="checkbox"/>
	<input type="checkbox"/> 6 <sup>th</sup>		Muir	\$81	H1 <input type="checkbox"/>	\$142	H2 <input type="checkbox"/>	\$135	H4 <input type="checkbox"/>	\$218	H5 <input type="checkbox"/>
Gender:			Lincoln Prairie	\$115	I1 <input type="checkbox"/>	\$114	I2 <input type="checkbox"/>	\$192	I4 <input type="checkbox"/>	\$175	I5 <input type="checkbox"/>
Date of Birth:											
<b>2<sup>nd</sup> STAR Participant Name:</b>	<input type="checkbox"/> K	AM PM	Frank C. Whiteley	\$90	A1 <input type="checkbox"/>	\$122	A2 <input type="checkbox"/>	\$152	A4 <input type="checkbox"/>	\$191	A5 <input type="checkbox"/>
	<input type="checkbox"/> 1 <sup>st</sup>	M <input type="checkbox"/> <input type="checkbox"/>	Thomas Jefferson	\$47	B1 <input type="checkbox"/>	\$170	B2 <input type="checkbox"/>	\$80	B4 <input type="checkbox"/>	\$265	B5 <input type="checkbox"/>
	<input type="checkbox"/> 2 <sup>nd</sup>	Tu <input type="checkbox"/> <input type="checkbox"/>	Armstrong	\$73	C1 <input type="checkbox"/>	\$128	C2 <input type="checkbox"/>	\$122	C4 <input type="checkbox"/>	\$196	C5 <input type="checkbox"/>
	<input type="checkbox"/> 3 <sup>rd</sup>	W <input type="checkbox"/> <input type="checkbox"/>	Fairview	\$73	D1 <input type="checkbox"/>	\$128	D2 <input type="checkbox"/>	\$122	D4 <input type="checkbox"/>	\$196	D5 <input type="checkbox"/>
	<input type="checkbox"/> 4 <sup>th</sup>	Th <input type="checkbox"/> <input type="checkbox"/>	Lakeview	\$73	E1 <input type="checkbox"/>	\$128	E2 <input type="checkbox"/>	\$122	E4 <input type="checkbox"/>	\$196	E5 <input type="checkbox"/>
	<input type="checkbox"/> 5 <sup>th</sup>	F <input type="checkbox"/> <input type="checkbox"/>	MacArthur	\$73	F1 <input type="checkbox"/>	\$128	F2 <input type="checkbox"/>	\$122	F4 <input type="checkbox"/>	\$196	F5 <input type="checkbox"/>
	<input type="checkbox"/> 6 <sup>th</sup>		Muir	\$73	H1 <input type="checkbox"/>	\$128	H2 <input type="checkbox"/>	\$122	H4 <input type="checkbox"/>	\$196	H5 <input type="checkbox"/>
Gender:			Lincoln Prairie	\$104	I1 <input type="checkbox"/>	\$103	I2 <input type="checkbox"/>	\$173	I4 <input type="checkbox"/>	\$158	I5 <input type="checkbox"/>
Date of Birth:											
(Receive a 10% discount)											
<b>3<sup>rd</sup> STAR Participant Name:</b>	<input type="checkbox"/> K	AM PM	Frank C. Whiteley	\$90	A1 <input type="checkbox"/>	\$122	A2 <input type="checkbox"/>	\$152	A4 <input type="checkbox"/>	\$191	A5 <input type="checkbox"/>
	<input type="checkbox"/> 1 <sup>st</sup>	M <input type="checkbox"/> <input type="checkbox"/>	Thomas Jefferson	\$47	B1 <input type="checkbox"/>	\$170	B2 <input type="checkbox"/>	\$80	B4 <input type="checkbox"/>	\$265	B5 <input type="checkbox"/>
	<input type="checkbox"/> 2 <sup>nd</sup>	Tu <input type="checkbox"/> <input type="checkbox"/>	Armstrong	\$73	C1 <input type="checkbox"/>	\$128	C2 <input type="checkbox"/>	\$122	C4 <input type="checkbox"/>	\$196	C5 <input type="checkbox"/>
	<input type="checkbox"/> 3 <sup>rd</sup>	W <input type="checkbox"/> <input type="checkbox"/>	Fairview	\$73	D1 <input type="checkbox"/>	\$128	D2 <input type="checkbox"/>	\$122	D4 <input type="checkbox"/>	\$196	D5 <input type="checkbox"/>
	<input type="checkbox"/> 4 <sup>th</sup>	Th <input type="checkbox"/> <input type="checkbox"/>	Lakeview	\$73	E1 <input type="checkbox"/>	\$128	E2 <input type="checkbox"/>	\$122	E4 <input type="checkbox"/>	\$196	E5 <input type="checkbox"/>
	<input type="checkbox"/> 5 <sup>th</sup>	F <input type="checkbox"/> <input type="checkbox"/>	MacArthur	\$73	F1 <input type="checkbox"/>	\$128	F2 <input type="checkbox"/>	\$122	F4 <input type="checkbox"/>	\$196	F5 <input type="checkbox"/>
	<input type="checkbox"/> 6 <sup>th</sup>		Muir	\$73	H1 <input type="checkbox"/>	\$128	H2 <input type="checkbox"/>	\$122	H4 <input type="checkbox"/>	\$196	H5 <input type="checkbox"/>
Gender:			Lincoln Prairie	\$104	I1 <input type="checkbox"/>	\$103	I2 <input type="checkbox"/>	\$173	I4 <input type="checkbox"/>	\$158	I5 <input type="checkbox"/>
Date of Birth:											
(Receive a 10% discount)											
<b>4<sup>th</sup> STAR Participant Name:</b>	<input type="checkbox"/> K	AM PM	Frank C. Whiteley	\$90	A1 <input type="checkbox"/>	\$122	A2 <input type="checkbox"/>	\$152	A4 <input type="checkbox"/>	\$191	A5 <input type="checkbox"/>
	<input type="checkbox"/> 1 <sup>st</sup>	M <input type="checkbox"/> <input type="checkbox"/>	Thomas Jefferson	\$47	B1 <input type="checkbox"/>	\$170	B2 <input type="checkbox"/>	\$80	B4 <input type="checkbox"/>	\$265	B5 <input type="checkbox"/>
	<input type="checkbox"/> 2 <sup>nd</sup>	Tu <input type="checkbox"/> <input type="checkbox"/>	Armstrong	\$73	C1 <input type="checkbox"/>	\$128	C2 <input type="checkbox"/>	\$122	C4 <input type="checkbox"/>	\$196	C5 <input type="checkbox"/>
	<input type="checkbox"/> 3 <sup>rd</sup>	W <input type="checkbox"/> <input type="checkbox"/>	Fairview	\$73	D1 <input type="checkbox"/>	\$128	D2 <input type="checkbox"/>	\$122	D4 <input type="checkbox"/>	\$196	D5 <input type="checkbox"/>
	<input type="checkbox"/> 4 <sup>th</sup>	Th <input type="checkbox"/> <input type="checkbox"/>	Lakeview	\$73	E1 <input type="checkbox"/>	\$128	E2 <input type="checkbox"/>	\$122	E4 <input type="checkbox"/>	\$196	E5 <input type="checkbox"/>
	<input type="checkbox"/> 5 <sup>th</sup>	F <input type="checkbox"/> <input type="checkbox"/>	MacArthur	\$73	F1 <input type="checkbox"/>	\$128	F2 <input type="checkbox"/>	\$122	F4 <input type="checkbox"/>	\$196	F5 <input type="checkbox"/>
	<input type="checkbox"/> 6 <sup>th</sup>		Muir	\$73	H1 <input type="checkbox"/>	\$128	H2 <input type="checkbox"/>	\$122	H4 <input type="checkbox"/>	\$196	H5 <input type="checkbox"/>
Gender:			Lincoln Prairie	\$104	I1 <input type="checkbox"/>	\$103	I2 <input type="checkbox"/>	\$173	I4 <input type="checkbox"/>	\$158	I5 <input type="checkbox"/>
Date of Birth:											
(Receive a 10% discount)											
<b>KSTAR Registration</b>	GRADE IN 2021/22	DAYS ATTENDING	CARE LOCATION	3 Days BEFORE		3 Days AFTER		5 Days BEFORE		5 Days AFTER	
				Fee	256420-	Fee	256421-	Fee	256420-	Fee	256421-
<b>1<sup>st</sup> KSTAR Participant Name:</b>	<input type="checkbox"/> K	AM PM	<b>Willow - Frank C. Whiteley</b>								
		M <input type="checkbox"/> <input type="checkbox"/>	BEFORE Care	\$100	A1 <input type="checkbox"/>			\$169	A4 <input type="checkbox"/>		
	Gender:	Tu <input type="checkbox"/> <input type="checkbox"/>	AFTER Care until 2:30pm			\$145	A1 <input type="checkbox"/>			\$221	A3 <input type="checkbox"/>
		W <input type="checkbox"/> <input type="checkbox"/>	AFTER Care until 6:00pm			\$308	A2 <input type="checkbox"/>			\$480	A4 <input type="checkbox"/>
		Th <input type="checkbox"/> <input type="checkbox"/>	<b>Willow - Thomas Jefferson</b>								
	Date of Birth:	F <input type="checkbox"/> <input type="checkbox"/>	BEFORE Care	\$52	B1 <input type="checkbox"/>			\$89	B4 <input type="checkbox"/>		
			AFTER Care until 2:30pm			\$189	B1 <input type="checkbox"/>			\$295	B3 <input type="checkbox"/>
		AFTER Care until 6:00pm			\$355	B2 <input type="checkbox"/>			\$553	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: \_\_\_\_\_