



District 54 -2022-23 STAR 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 5, 2022, 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:

STAR Registration	GRADE IN 2022/23	DAYS ATTENDING	CARE LOCATION	3 Days BEFORE		3 Days AFTER		5 Days BEFORE		5 Days AFTER	
				Fee	156420-	Fee	156420-	Fee	156420-	Fee	156420-
1 st STAR Participant Name: Gender: Date of Birth:	<input type="checkbox"/> K	AM <input type="checkbox"/> PM <input type="checkbox"/>	Armstrong	\$86	C1 <input type="checkbox"/>	\$151	C2 <input type="checkbox"/>	\$145	C4 <input type="checkbox"/>	\$233	C5 <input type="checkbox"/>
	<input type="checkbox"/> 1 st	M <input type="checkbox"/> <input type="checkbox"/>	Fairview	\$86	D1 <input type="checkbox"/>	\$151	D2 <input type="checkbox"/>	\$145	D4 <input type="checkbox"/>	\$233	D5 <input type="checkbox"/>
	<input type="checkbox"/> 2 nd	Tu <input type="checkbox"/> <input type="checkbox"/>	Lakeview	\$86	E1 <input type="checkbox"/>	\$115	E2 <input type="checkbox"/>	\$145	E4 <input type="checkbox"/>	\$233	E5 <input type="checkbox"/>
	<input type="checkbox"/> 3 rd	W <input type="checkbox"/> <input type="checkbox"/>	MacArthur	\$86	F1 <input type="checkbox"/>	\$151	F2 <input type="checkbox"/>	\$145	F4 <input type="checkbox"/>	\$233	F5 <input type="checkbox"/>
	<input type="checkbox"/> 4 th	Th <input type="checkbox"/> <input type="checkbox"/>	Muir	\$86	H1 <input type="checkbox"/>	\$151	H2 <input type="checkbox"/>	\$145	H4 <input type="checkbox"/>	\$233	H5 <input type="checkbox"/>
	<input type="checkbox"/> 5 th	F <input type="checkbox"/> <input type="checkbox"/>	Lincoln Prairie	\$122	I1 <input type="checkbox"/>	\$121	I2 <input type="checkbox"/>	\$205	I4 <input type="checkbox"/>	\$188	I5 <input type="checkbox"/>
	<input type="checkbox"/> 6-8 th										
2 nd STAR Participant Name: Gender: Date of Birth: <i>(Receive a 10% discount)</i>	<input type="checkbox"/> K	AM <input type="checkbox"/> PM <input type="checkbox"/>	Armstrong	\$77	C1 <input type="checkbox"/>	\$136	C2 <input type="checkbox"/>	\$130	C4 <input type="checkbox"/>	\$210	C5 <input type="checkbox"/>
	<input type="checkbox"/> 1 st	M <input type="checkbox"/> <input type="checkbox"/>	Fairview	\$77	D1 <input type="checkbox"/>	\$136	D2 <input type="checkbox"/>	\$130	D4 <input type="checkbox"/>	\$210	D5 <input type="checkbox"/>
	<input type="checkbox"/> 2 nd	Tu <input type="checkbox"/> <input type="checkbox"/>	Lakeview	\$77	E1 <input type="checkbox"/>	\$136	E2 <input type="checkbox"/>	\$130	E4 <input type="checkbox"/>	\$210	E5 <input type="checkbox"/>
	<input type="checkbox"/> 3 rd	W <input type="checkbox"/> <input type="checkbox"/>	MacArthur	\$77	F1 <input type="checkbox"/>	\$136	F2 <input type="checkbox"/>	\$130	F4 <input type="checkbox"/>	\$210	F5 <input type="checkbox"/>
	<input type="checkbox"/> 4 th	Th <input type="checkbox"/> <input type="checkbox"/>	Muir	\$77	H1 <input type="checkbox"/>	\$136	H2 <input type="checkbox"/>	\$130	H4 <input type="checkbox"/>	\$210	H5 <input type="checkbox"/>
	<input type="checkbox"/> 5 th	F <input type="checkbox"/> <input type="checkbox"/>	Lincoln Prairie	\$110	I1 <input type="checkbox"/>	\$109	I2 <input type="checkbox"/>	\$185	I4 <input type="checkbox"/>	\$169	I5 <input type="checkbox"/>
	<input type="checkbox"/> 6-8 th										
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	<input type="checkbox"/> 4 th	Th <input type="checkbox"/> <input type="checkbox"/>	Muir	\$77	H1 <input type="checkbox"/>	\$136	H2 <input type="checkbox"/>	\$130	H4 <input type="checkbox"/>	\$210	H5 <input type="checkbox"/>
	<input type="checkbox"/> 5 th	F <input type="checkbox"/> <input type="checkbox"/>	Lincoln Prairie	\$110	I1 <input type="checkbox"/>	\$109	I2 <input type="checkbox"/>	\$185	I4 <input type="checkbox"/>	\$169	I5 <input type="checkbox"/>
	<input type="checkbox"/> 6-8 th										

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: _____

Monthly and Annual Fee Structure for 2022-2023 D54 STAR Programs

Armstrong/Fairview/Lakeview/MacArthur/Muir 7:00AM - 8:40AM & 3:00PM - 6:00PM

STAR Options	Fee Per Month	Annual Cost	Add'l Child Fee	Add'l Child Annual Cost
5 days/week Before Only	\$145	\$1305	\$130	\$1170
5 days/week After Only	\$233	\$2097	\$210	\$1890
3 days/week Before Only	\$86	\$774	\$77	\$693
3 days/week After Only	\$151	\$1359	\$136	\$1224

Lincoln Prairie School 7:00AM - 9:15AM & 3:35PM - 6:00PM

STAR Options	Fee Per Month	Annual Cost	Add'l Child Fee	Add'l Child Annual Cost
5 days/week Before Only	\$205	\$1845	\$185	\$1665
5 days/week After Only	\$188	\$1692	\$169	\$1521
3 days/week Before Only	\$122	\$1098	\$110	\$990
3 days/week After Only	\$121	\$1089	\$109	\$981

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.

Warning of Risk:

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failures, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the (HEParks) to Guarantee absolute safety.

Communications & Marketing Release:

I, or my child, as a participant in a Hoffman Estates Park District program or event when using one of its public parks or facilities, may be photographed or videotaped by the Hoffman Estates Park District (HEParks) or its assigns and transferees. I grant permission to HEParks to copyright, use and publish the same in print and/or electronically with or without my name and for any lawful purpose, including for example, publicity, illustration, advertising, program guide brochures, newsletter, email, digital media boards, website, social media news releases or other promotional materials.

By providing my email address to this form, I give permission for HEParks to send email to that address regarding events and programs. I understand that if I decide not to receive email, I can unsubscribe at any time using the link in the email. To review the HEParks Privacy Policy, visit HEParks.org.

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 may 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 may be added to the balance due.

Please check here if accommodations are needed.

Parent Signature _____ Date _____