

**Registration Application
District 62 SPARK Program**
Des Plaines, Illinois 60016
(847) 824-1065

**Book Time for Two's
2016/2017**

Name of Child: _____ Male: _____ Female: _____

Child's Nickname: _____ Date of Birth: _____

Mother's Name: _____ Father's Name : _____

Address: _____ Apt #: _____

City: _____, Illinois, Zip: _____ Home Phone: () _____

Mom's Work Phone: () _____ Mom's Cell Phone: () _____

Dad's Work Phone: () _____ Dad's Cell Phone: () _____

Native language spoken in the home: _____

Name & date of birth of siblings: _____

Name of person /caregiver accompanying child to class: _____

Please check the program your child will be attending:

- _____ 11:00-12:30 Tuesdays \$26.00/mo
_____ 11:00-12:30 Thursdays \$26.00/mo

Let us know how you heard about us: _____

Note: If your child cannot adapt to classroom environment and activities, your child may be removed from the class and your tuition will be refunded on a prorated basis.

Registration fee is \$50.00 per family. THE REGISTRATION FEE IS NON-REFUNDABLE and must accompany this application. Make checks payable to District 62. **PLEASE NOTE: THERE IS NO CREDIT GIVEN FOR NON-ATTENDANCE, LATE ARRIVALS OR EARLY PICK-UP. THERE IS A 3 DAY WAITING PERIOD TO START THE PROGRAM ONCE REGISTERED. THERE IS NO BUS SERVICE PROVIDED FOR ANY SPARK PROGRAM.** For families with more than one child actively participating in a program a 10% discount will be given. Discount does not apply to Emergency Use.

This class is for the child registered above. Kindly make child care provisions for other siblings/babies.

Class Start Date: _____

****This registration must be hand delivered to the ELC Office.
Registration for the SPARK Early Childhood Program is subject to
availability and residency requirements. Proof of birth and residency required.**

