

Registration Application
District 62 Extended Day Kindergarten Program
 Des Plaines, Illinois 60016
 (847) 824-1065

Iroquois EDK
2016/2017

Name of Child: _____ Home Phone: _____
 Child's Nickname: _____ Date of Birth: _____
 Address: _____ Apt #: _____ Male: _____
 City: _____, Illinois Zip: _____ Female: _____
 Home School: Iroquois Community School Grade KDG: **Spec. Ed. Classification:** _____

Parent/Guardian Information:

Mother's Name: _____ Father's Name : _____
 Step-parent's Name: _____ Language Spoken in home: _____
 Guardian's Name: _____ Relationship to child: _____
 Custodial parent? (Name:) _____

<u>Employer/Company Name:</u>	<u>Work Phone:</u>	<u>Cell Phone:</u>
(Mother) _____	() _____	() _____
(Father) _____	() _____	() _____
(Step-parent) _____	() _____	() _____
(Guardian) _____	() _____	() _____

Please check the session and days you want your child to participate in the program.

_____ Ext Day Kdg 8:00-12:00 5 Days @ \$380.00/mo		_____ Ext Day Kdg 10:45-2:45 5 days @ \$380/mo				
	<u>2 Days</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>	Mon	_____
					Tues	_____
					Wed	_____
_____ P.M. 2:45-6:00	\$120.00/mo	\$180.00/mo	\$236.00/mo	\$278.00/mo	Thur	_____
					Fri	_____
_____ Emergency Use Session: \$16.25/day						Starting Date: _____

Note: If your child cannot adapt to the classroom environment and activities, your child may be removed from the program 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 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.) **After application is received in the SPARK office, there is a waiting period of 3 business days before your child may start.****

****This registration must be hand delivered to the FLC Office.**
Registration for the SPARK Program is subject to availability.
Please call 847-824-1065 to confirm that space is available.

Name of child: _____

AUTHORIZATION FOR PICK-UP (PLEASE PRINT NAMES)

1. (Mother) _____ 2. (Father) _____

3. (Step-parent) _____ Language Spoken _____

4. (Guardian) _____ Language Spoken _____

Relationship _____ Phone() _____

5. (Other) _____ Language Spoken _____

Relationship _____ Phone() _____

6. (Other) _____ Language Spoken _____

Relationship _____ Phone() _____

The above people are authorized to pick up my child. _____

(Signature of Parent/Guardian)

In case of emergency (other than yourself), contact:

Name: _____ Home phone () _____
Work phone () _____

Physician's Name: _____ Phone () _____

Dentist's Name: _____ Phone () _____

1. Emerg. Treatment and Transportation Permission: In case of accident or injury, I hereby give my permission for emergency treatment and transportation. **Signature of Parent/Guardian:**

Date: _____

2. Is your child on daily medication? _____ If yes, state name of medication and reason for taking it.

3. Does your child have any allergies? _____ If yes, please list them: **(please provide your doctor's allergy plan):** _____

4. Important Information: Please list any information that we should be aware of concerning your family situation that might affect your child.

5. Photos: Pictures may be taken at programs and may be used for bulletin boards, scrapbooks or publicity. If you do not wish to grant photo permission, please state "No" otherwise we will assume permission is given. _____

6. Walking Field Trips: Walking trips around the school grounds or around the block may be taken on occasion. I hereby give permission for my child to take walking trips. **Signature:**

7. Tuition: Tuition is paid in advance. **Delinquent payment is cause for dismissal. There is no credit given for non-attendance (including sickness & vacations), late arrivals or early pick-ups.** A two-week advance notice must be given for withdrawal from the program or any change of hours request.

8. Late Fee: If you pick up your child after 6:00 P.M., you will be assessed \$5.00 for every 10 minutes or any part of 10 minutes. This late fee will be assessed to your account and will appear on your billing statement. **Habitual late pick-up will necessitate dismissal from the program.**

9. I have read this application and understand I am responsible for the fees related to the sessions I have checked off on the front of this application. If fees are 60 days late, my child will be dropped from the program.

10. The SPARK program is a service offered to CCSD 62 residents only. If families move out of district during the school year, their child/ren cannot continue the SPARK program. _____ (Please initial)

Signature of Parent/Guardian

Date

For Office Use Only

Date Rec'd: _____ Amt. Rec'd: _____ Cash: _____ Check #: _____ Credit: _____ Approved: _____