



REGISTRATION FORM 2011-2012

Please Press Firmly

Child's School: _____ Start Date: _____

Entering Grade: 1 2 3 4 5 Birthdate: _____ Age: _____ Sex: M F

Child's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Kids' Zone Attendance (Circle): AM PM Both Full Time: _____ Part Time (3 days*): M T W TH F

*The 3 days you circle must remain the same throughout the school year

Monthly Fees	1 st Child	2 nd Child *
Before Only - 5 Day	\$154/Month	\$123/Month
Before Only - 3 Day	\$99/Month	\$79/Month
After Only - 5 Day	\$277/Month	\$221/Month
After Only - 3 Day	\$179/Month	\$143/Month
Before & After - 5 Day	\$376/Month	\$301/Month
Before & After - 3 Day	\$241/Month	\$193/Month

*Multiple Child discount of 20% is reflected in the prices above.

Program Hours: Before School – 6:30 am – 8:00 am
After School – 2:15 pm – 6:00 pm

Locations: Harrison Street, Mill Creek, Western Ave., Heartland, Fabyan and Williamsburg Schools.

Payment Authorization

Circle One: VISA MasterCard

*We accept Visa and MC only.

Print name as it appears on card: _____

Credit/Debit Card #: _____ Expiration Date: _____

Signature: _____

For Office Use Only
Program # _____
Reg. Fee _____
Monthly Fee _____
Amt Paid _____
Discount _____
Date _____

I authorize the Geneva Park District to charge the credit card listed above for Kids' Zone payments due at registration (5/11) and the first day of each month beginning September 1st, 2011 through April 1st, 2012 (for a total of nine payments). If you withdraw from the program, the charges will stop.

Signature: _____ Date: _____

Emergency Information

Mother's Name: _____

Father's Name: _____

Mother's Home Phone: _____

Father's Home Phone: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

Mother's Work Phone: _____

Father's Work Phone: _____

Emergency Contact: _____ Phone: _____

Waiver and Release

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program/programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program/programs. "I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Geneva Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the program(s). I further agree to indemnify and hold harmless and defend the Geneva Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, arising out, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the program details and waiver and release of all claims."

I understand that my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotape of my child or me to be used to promote the Geneva Park District and photos and video will be property of the Geneva Park District.

Signature: _____ Date: _____

GENEVA PARK DISTRICT

EMERGENCY AND RELEASE FORM

PLEASE PRINT. Fill out all sections completely.

First Name:		Last Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	School:	Grade:
Address:		City:	Zip:
Home Phone:		Email:	
Mother's First Name:		Last Name:	
Business Phone:		Cell Phone:	
Father's First Name:		Last Name:	
Business Phone:		Cell Phone:	
Do you have siblings in the program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sibling Name:		Age:	
Sibling Name:		Age:	

Please check one of the following: Kids' Zone KinderZone The Zone Day off Trip Camp

Authorized persons, other than parents, who may be called in an emergency and/or pick up the child from the program. (All authorized must be 18 or older and will be required to show identification.)

1. Name _____ Relationship _____ Phone# _____
2. Name _____ Relationship _____ Phone # _____
3. Name _____ Relationship _____ Phone # _____
4. Name _____ Relationship _____ Phone # _____

Please list anyone one who DO NOT have authorization to pick up your child.

1. Name _____ Relationship to child: _____

Are there any custody/divorce or other family concerns that the staff should be alerted to? Yes _____ No _____

If yes, please explain: _____

Part I: ILLNESSES & INJURIES (Check any chronic or recurring illness)

- | | | |
|----------------|-------------------------|---------------------------------|
| _____ Asthma | _____ Hypertension | _____ Heart Defect/Disease |
| _____ Diabetes | _____ Ear Infection | _____ Musculoskeletal Disorders |
| _____ Seizures | _____ Bleeding/Clotting | _____ Other: _____ |

Date of last Health Exam: _____ Date of last Tetanus Shot: _____

Family Physician _____ Phone # _____

Insurance Provider: _____ Policy # _____

Any activities to be restricted: _____

Part II: ALLERGIES (check any that apply and specify nature of allergic reactions)

- | | | |
|-----------------|------------------------|-----------------------|
| _____ Animals | _____ Insect Stings | _____ Pollen |
| _____ Food | _____ Medication/Drugs | _____ Other (specify) |
| _____ Hay Fever | _____ Plants | |

List specific allergies, reactions and special instructions: _____

Part III: MEDICATION (please list all, even if they are not taken at the site)

Is your child currently taking any medication? Yes No

List medication and the purpose of the medication:

Part IV: OTHER HEALTH CONDITIONS (check any that apply and describe below)

- | | | |
|------------------------------|-------------------------|-----------------------------|
| _____ Hearing Impairment | _____ Motion Sickness | _____ Nosebleeds |
| _____ Emotional Disturbances | _____ Fainting | _____ Wear Glasses/Contacts |
| _____ Special Diet Regimen | _____ Visual Impairment | _____ Speech Impediment |

Other important or helpful information: _____

The information above is correct to the best of my knowledge and I know of no reason(s), other than those listed above, why my child should not participate in the activities.

Signature of Parent/Guardian _____ Date _____

Part V: EMERGENCY CARE RELEASE

I, _____ parent [or legal guardian] of _____, have enrolled my child in _____, and hereby authorize Dr. _____, my child's physician, or any physician in his or her group practice, in my behalf to administer emergency medical assistance to my child during a Park District activity. In the event of a 911 emergency call or Dr. _____ or any physician in his or her group practice is not available, I hereby authorize the Geneva Park District, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child.

Signature of Parent/Guardian _____ Date _____

