

(if different from Parent/Guardian)

KIDS' ZONE 2023-24 SCHOOL YEAR
Registration forms and payments will be accepted at Sunset Community Center, via email at info@genevaparks.com or faxed.

710 Western Avenue, Geneva, IL 60134 Phone: 630-232-4542 Fax: 630-232-4569 Completed registration includes Registration form, \$50 registration fee and payment/arrangement. (ONE FORM PER CHILD)

Participant Name	Birth Date	Age
Entering Grade (fall of 2023)	2 3 4 5 Gender	
School your child attends (please check one)	: Fabyan Harrison Heartland Mill Creek	☐Western ☐Williamsburg
5 day 6:30-8am \$206/pmt \$169/pmt 5 d	PTIONS: 1st child 2nd child AM & PM OPTIONS: day 2:15-6pm \$368/pmt \$302/pmt	
☐ Monday	ption was chosen, please indicate your 3 days: (must be consistent): Tuesday Wednesday Thursday Friday	
Parent / Guardian Name		
Address	City Zi	p
Home Phone	Cell / Other Phone #	
Email	Work Phone	
	or the 2023-24 school year, I understand the following:	
closed during inclement weather days. *Sch Institute Days, non-attendance days an	o the official school calendar of School District 304 and is edule is subject to change. d school holidays are not included in the installment plan. Zone, which requires an additional registration and fees.	e: Processed by: Enrolled
	i-refundable \$50 registration fee, due at the time of registration.	
the time of registration. The first payment day of each month beginning September 1, cient funds or credit cards that are declined charged. If a parent/guardian is delinquent	ge the credit card listed below for Kids' Zone payments. \$50 re will be charged on August 1, 2023 and eight (8) additional payr 2023 through April 1, 2024. You will not receive a bill. Payment will be charged a \$25 service fee by the Geneva Park District. In on the child's account (payment has not been received by the 10 from the program until the account is brought up to date. After	ments will be charged on the first is that are denied due to insuffi- a addition, a late fee of \$10 will be 10th of the month that the pay-
program. I understand that it is my respons	gram hours/activities, I will be responsible for fees for time reser ibility to call or email the site and inform them of any absences. ward is ever picked up after 6pm, I agree to adhere to the policy and Details Manual.	Failure to do so may end up in
tion for refund must be completed as cancel of the district, withdrawals from the program	application for refund by 10 business days prior to the child's la llation verification. Refunds will be prorated. Refunds will be given or for an extended medical leave (5 or more consecutive days) arning days, vacation, illness, extracurricular activities, disciplinar	ven if the participant moves out) with a doctors note. Refunds or
	edures of the Kids' Zone program as stated here and in the Proghid/ward permission to participate fully in this program.	ram Policies and Details Manual.
Payment Authorization Credit/Debit:	Visa Mastercard Discover Am-Ex	
Card #	Billing Zip Code	
Print Name as it appears on card	Expiration Date:	CVV:
	EZ Pay—automatic monthly payments from a debit or crede time of registration. Please note: we cannot split payments between multi	
Signature of Parent/Guardian		
Signature of Credit/Debit Cardholder:		