



BUFFALO
GROVE
PARK
DISTRICT

Dear Parent:

Thank you for your interest in the Clubhouse program of the Buffalo Grove Park District. Clubhouse is a before and after school program committed to providing a safe and recreational program for families that need extended day care. We are excited to have you as a part of our program and are ready to meet the needs of you and your family.

Enclosed is the registration packet including the necessary documents to complete the registration process. Please fill out each document completely. Registration forms that are submitted with missing information will not be accepted. Forms may be mailed, faxed or dropped off at the Alcott Center located at 530 Bernard Drive in Buffalo Grove. Due to internet security precautions, credit card and payment information is not accepted via email. Registration forms are due Friday, July 7, 2017. Any registration forms received after the deadline will be accepted according to availability.

Please submit the following documents:

- Registration Form
- Payment Agreement Form

Please feel free to contact us with any questions or concerns. Thank you for choosing the Clubhouse program!

Sincerely,

Amanda Busch
Recreation Supervisor
abusch@bgparks.org
(p) 847.850.2134
(f) 847.459.0674

Beth Wanland
Recreation Specialist
bwanland@bgparks.org
(p) 847.850.2136
(f) 847.459.0674



Buffalo Grove Park District CLUBHOUSE REGISTRATION FORM 2017 - 2018

Child's Name: _____ School: _____ Start Date: _____

Birth Date: _____ Age: _____ Grade: _____ Gender: Male Female

Address: _____ City: _____ Zip: _____

Parent Name: _____ Number: _____ Email: _____

Parent Name: _____ Number: _____ Email: _____

Authorized Pick-Up & Emergency Contact

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Clubhouse staff will not release a child to anyone other than those listed above. A photo ID is required upon pick-up.

Mornings: Monday Tuesday Wednesday Thursday Friday

Afternoons: Monday Tuesday Wednesday Thursday Friday

Please list any special needs, allergies, chronic illness, medications/dosages and time, medical information, or accommodations (i.e. ADA) and any additional information necessary to understand and care for your child.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs. I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered 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), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the 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 these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward. I have read and fully understand the program details and waiver and release of all claims.

Parent/Guardian Signature: _____ Date: _____

Parent Handbook Acknowledgement

The Clubhouse Parent Handbook can be found online at <http://bgparks.org/program/clubhouse.aspx>. I recognize and acknowledge that I have read and understand the Clubhouse Parent Handbook of the Buffalo Grove Park District. I agree to adhere and abide by the policies and procedures outlined in the handbook.

Parent/Guardian Signature: _____ Date: _____

PAYMENTS:

- Payments will be due on the 1st or 15th of each month from September through May.
- The individual's monthly payments are dependent upon their needs. The program is available for two through five day per week options. You can register for morning or afternoon service, or both.
- The fees listed are per child. There are no discounts for multiple siblings in the program.
- The fees are based on 35 weeks of service and divided into nine monthly payments.
- Forms of payment that are accepted are: automatic debit to your checking or savings account, OR automatic debit to your debit/charge card (MasterCard, VISA, or Discover).
- Fees include regular school days, half-days and early release days. School holidays and institute days are not included in the below fees. They may be purchased at an additional cost.

FEE CHART:

District 102			
Number of Days Per Week	AM or PM Service	Credit or Debit Card	EFT
2	AM	\$70	\$65
2	PM	\$86	\$81
2	AM & PM	\$156	\$151
3	AM	\$105	\$100
3	PM	\$129	\$124
3	AM & PM	\$234	\$229
4	AM	\$140	\$135
4	PM	\$172	\$167
4	AM & PM	\$312	\$307
5	AM	\$175	\$170
5	PM	\$215	\$210
5	AM & PM	\$390	\$385



**Buffalo Grove Park District
Clubhouse Payment Agreement Form**

Child's Name: _____ Home Phone #: _____ School: _____

Address: _____ City: _____ Zip: _____

I am responsible for the monthly tuition of \$ _____, which will be debited in nine installments on the 1st or 15th of each month. In the event of any absences during program hours/activities, I will be responsible for fees for time reserved, not actual time spent at the program.

Credit Card Automatic Payment Agreement (only select one option):

Credit card payments that are declined will be charged a \$15 service fee by the Buffalo Grove Park District. If a credit card payment is declined, payment must then be resubmitted with the \$15 service fee in the form of cash, money order, check, cashier's check or an alternative credit card. If a parent/guardian is delinquent on a child's account, and does not submit payment within one week of the delinquency, the child will be removed from the program.

If you wish to discontinue your credit card automatic payment agreement and pay in full, report your credit card lost, stolen, compromised or provide a current expiration date, you must notify the Buffalo Grove Park District office: Attn: Clubhouse Director in writing (forms are available at the Park District and on line at bgparkdistrict.org) within five business days prior to the posting.

If you wish to change to a different credit card you must notify Office Manager in writing (forms are available at the Park District and online) within five business days prior to the posting and include a \$5 service fee. Payment for this service fee can be made by credit card check, cash or money order. If notification is not received five business days prior to the posting and there is a decline for any reason there is a \$15 service fee.

Cardholder Name _____

Credit Card Number _____ Exp. Date _____

I (we) give permission for the Buffalo Grove Park District to charge the amount from the account indicated, on the 1st or 15th of each month, beginning on _____ and ending on May 1 or May 15, 2018.

Credit Card Auto Payment Authorized Signature _____ Date _____

Direct Debit Tuition Payment Agreement - Please Attach A Voided Blank Check

Electronic fund transfers that are denied due to insufficient funds will be charged a \$15 service fee by the Buffalo Grove Park District. If a payment is returned for insufficient funds, payment must then be resubmitted with the \$15 service fee in the form of cash, money order, credit card, check or cashier's check. If a parent/guardian is delinquent on a child's account, and does not submit payment within one week of the delinquency, the child will be removed from the program.

If you wish to change the form of payment from automatic withdrawal to credit card debit, or to another account, you must notify the Buffalo Grove Park District office: Attention Office Manager in writing (Schedule Change Forms are available at the Park District and on line at bgparkdistrict.org) within five business days prior to the posting. There will be a \$5 fee charged for each change.

I (we) authorize Buffalo Grove Park District, to initiate debit entries to my (our) checking/savings account indicated below and the bank named below, hereinafter called "Institution", to debit the same such account. I (we) further authorize Buffalo Grove Park District to initiate credits to my (our) account to correct any errors and "Institution" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until Buffalo Grove Park District and "Institution" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Buffalo Grove Park District and "Institution" a reasonable opportunity to act on it prior to withdrawing or depositing to the account.

I (we) give permission to the Buffalo Grove Park District to debit the amount from the account indicated, on the 1st or 15th of each month, beginning on _____ and ending on May 1 or May 15, 2018.

Direct Debit Information: Check bank account you want your payment withdrawn from: Checking Savings

Name(s) on Bank Account _____ Bank Account Number _____

Bank Transit ABA (Routing Number) _____

Direct Debit Tuition Payment Authorized Signature _____ Date _____