



District 7 Summer Zone 2018 Registration Form

FOR OFFICE USE ONLY

Payment Amount: \$ _____

Cash Check# _____ Online

CHASI multi child

DCFS D7 Employee

Account Activation:

Online eSchool

Initials: _____ Date: _____

Child's Name: _____ Age: _____

Grade (2017-18): _____ School (2017-18): _____

Parent(s) Name: _____

Registration period: March 7 - May 14, 2018. Select each week(s) your child will attend:

May 29-June 1***
(*prorated 4-day week)

June 4-8

June 11-15

June 18-22

June 25-29

July 2-6* (closed July 4)
(*prorated 4-day week)

July 9-13

July 16-20

***Alternate start date of June 4 if inclement weather results in additional snow days to District 7 calendar.

- To add or to cancel a registration, call the Kid Zone office by 3:00 p.m. on the Thursday prior to week of service. If cancellation is not received by this timeframe, you will be charged the full week's fee.
- Registrations received after **May 14, 2018**, will be contingent on space availability.

Pricing Information:

Weekly fee of \$150 includes all programming, transportation, and daily snack/drink. A \$25 nonrefundable registration payment for each week is due with registration and will be applied to your weekly fee balance. (This fee is not covered by CHASI)

- Non-refundable Registration Payment Total (\$25 x # weeks) \$ _____
- Remaining balance (\$125 x # weeks) \$ _____
- Weekly balance is due by 3:00 p.m. on or before Friday of the service week.

Online Payment System Information (must have at least one email)

Primary Account Holder: _____ Email address: _____

Secondary Account Holder: _____ Email address: _____

Do you plan to apply for financial assistance? YES NO

- Parents are responsible for **registration charges** for each week selected. This is not covered by financial assistance programs.
 - Parents are responsible for all remaining balance charges until a verification letter is received.
- CHASI Application Date: _____ Change of Provider Date: _____ DCFS: _____

Student Information:

- Does your child have allergies? YES NO Describe: _____
- Does your child require critical care items? YES NO **If yes, complete D7 Request for Medication form**

2018 Summer Zone Parent Agreement



Please read and initial each statement:

Behavior: I understand that my child will be expected to behave in accordance with the expectations set forth in the District 7 Handbook. I understand if my child's behavior's causes a disruption to the flow of the program, I may be asked to pick up my child from Summer Zone. Repeated behavior issues may result in suspension or termination of services without a refund. _____

Late Fee: I understand that it is my responsibility to pick up my child on time. District 7 Summer Zone closes at 6:00 P.M. It is the parent's responsibility to have a plan in place for someone to pick up their child in case of an emergency. I understand that I will be charged \$1 per minute for pick- ups after 6:00 p.m. _____

Arrival/Departure: I understand that only a Parent or an authorized Emergency Contact may sign in or sign out my child from the site, transferring responsibility between the parent/designate and District 7 Summer Zone. _____

MEDICAL CARE AUTHORIZATION: I understand I will be contacted in the event of illness or accident of my child. I will make arrangements for medical care for my child with the physician or hospital of my choice. In case my child needs emergency medical care and I cannot be reached, I authorize ambulance transport to the nearest hospital. I will assume all responsibility and expenses. _____

Critical Care: I understand that it is my responsibility to provide any critical care items (inhalers, Epi-pens, etc.) to the District 7 Summer Zone Program. ***District 7 Request for Medication to be Administered at School*** forms must be on file. _____

Off Site Transportation: I authorize my child to ride bus transportation to and from the EHS campus and the SIUE campus for regular and frequent recreational activities at the Sports Complex and Chuck Fruit Aquatic Center, and the SIUE Morris University Center. _____

Photo Release: I authorize District 7 to use photographs of my child in District 7 communications such as brochures, District 7 website, and media relations documents.
YES NO Parent Signature: _____

Account Balance: I understand that if my account balance is outstanding, my registration will be placed on hold. Failure to make payments will result in suspension of account. _____

Cancellation of Registration: I am responsible for cancelling by 3:00 p.m. on the Thursday prior to the week being cancelled. I will be held responsible for the charges if notification is not made to the Kid Zone office by this deadline. _____

(Parent Signature)

(Date)



SUMMER ZONE 2018 Emergency Contact Information

Child's Name: _____

Parent Information	Parent Information	Parent Information
	Name:	Name:
	Address:	Address:
	City:	City:
	Home Phone:	Home Phone:
	Work Phone:	Work Phone:
	Cell Phone:	Cell Phone:
	Email:	Email:
	Authorized to Pick Up: YES NO	Authorized to Pick Up: YES NO

*Please note: Copies of any court ordered custody arrangements must be on file with District 7

Authorized Pick Up Designees	Contact 1	Contact 2	
	Name:	Name:	
	Address:	Address:	
	City:	City:	
	Phone:	Phone:	
	Relationship:	Relationship:	
	Authorized to Pick Up: YES NO	Authorized to Pick Up: YES NO	
	Contact 3		Contact 4
	Name:	Name:	
	Address:	Address:	
	City:	City:	
	Phone:	Phone:	
	Relationship:	Relationship:	
	Authorized to Pick Up: YES NO	Authorized to Pick Up: YES NO	

In the event that changes or additions need to be made to your emergency contacts list, contact the Kid Zone office at 655-6011. **Students will only be released to individuals listed on this form.** All pick up designees will be asked to show current photo identification and must be 18 years or older.

(Parent Signature)

(Date)



District 7 Summer Zone 2018 Swimming Permission Form

Child's Name: _____ 2017-18 Grade Completed: _____

Parent's Name: _____ Phone: _____

- District 7 Summer Zone will be utilizing the Chuck Fruit Aquatic Center located on the campus of Edwardsville High School.
- ***This form must be completed in order for your child to swim.***
- Certified lifeguards will be on duty at all times during the Summer Zone swimming activity. Summer Zone counselors will be providing additional supervision in the pool area.
- Street clothing may not be worn in the pool. Only swim shirts designed for pool use will be approved for use in the pool (no cotton).
- A flotation jacket will be mandatory for all swimmers for his/her own safety regardless of the child's swimming abilities.
- No outside flotation devices will be allowed (water wings, float suits, and pool noodles).

____ I choose to NOT have my child swim during Summer Zone.

- I understand that my child will travel with the group to the Chuck Fruit Aquatic Center.
- My child will have an alternate activity during the swim rotation.

____ Yes

Parent Signature: _____ Date: _____

Relationship to child: _____