District 62

SPARK Program

1375 S. Fifth Ave.
Des Plaines, IL 60018
Phone: (847) 824-1065 Fax: (847) 824-8225

It’s time to register for the 2019-2020 SPARK Before and After School Program. To reserve your place in the program, registrations must be dropped off or mailed to:

1375 S. Fifth Avenue
Des Plaines IL 60018

- All fields must be filled out and please sign where indicated
- A $50.00 per family registration fee must accompany this registration
- If your SPARK account is past due or if you owe Action for Children copays, we cannot accept your registration until payment is made

Please return your registration form and fee as soon as possible. For any registration received after August 12, we will place these students on a waitlist. There will be no exceptions. Students who are on the waitlist will be enrolled based on individual school availability. The start date for waitlisted students who are enrolled after August 12 will not be until October 1. Enrollment is limited, but will continue throughout the school year if space is available.

For more information please contact us at 847-824-1065.

Thank you!
Registration Application
District 62 SPARK Program
1375 S. Fifth Ave.
Des Plaines, IL 60016

Before & After School Program
2019-2020

Name of Child: ____________________________
Child's Nickname: __________________________
Address: __________________ Apt #: _____________
City: _____________________________ Illinois Zip: _____________


Parent/Guardian Information:
Mother's Name: ____________________________ Father's Name: ____________________________
Step-parent's Name: ___________________________
Guardian's Name: ____________________________ Relationship to child: ___________________________

Who is the custodial parent? (Name): ____________________________ Language Spoken in home: ____________________________

Employer/Company Name:
(Mother) ____________________________ ( ) ____________________________ ( )
(Father) ____________________________ ( ) ____________________________ ( )
(Step-parent) ____________________________ ( ) ____________________________ ( )
(Guardian) ____________________________ ( ) ____________________________ ( )

Work Phone:
(Mother) ____________________________ ( ) ____________________________ ( )
(Father) ____________________________ ( ) ____________________________ ( )
(Step-parent) ____________________________ ( ) ____________________________ ( )
(Guardian) ____________________________ ( ) ____________________________ ( )

Cell Phone:
(Mother) ____________________________ ( ) ____________________________ ( )
(Father) ____________________________ ( ) ____________________________ ( )
(Step-parent) ____________________________ ( ) ____________________________ ( )
(Guardian) ____________________________ ( ) ____________________________ ( )

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

School-Age
2 Days 3 Days 4 Days 5 Days

Mon __________
Tues __________
Wed __________
Thur __________
Fri __________

A.M. 7:00-9:00 $75.00/mo $112.00/mo $147.00/mo $173.00/mo
P.M. 3:30-6:00 $94.00/mo $140.00/mo $183.00/mo $216.00/mo

Emergency Use: $10 per session a.m./$12.50 p.m.

Starting Date: ____________________________

Please note: If your child cannot adapt to program 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 a 3 day waiting period to start the program once registered. There is NO bus service available 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.

Registration for the SPARK Program is subject to availability.
Please call 847-824-1065 to confirm that there is space available.
Name of child: ________________________________

AUTHORIZATION FOR PICK-UP (PLEASE PRINT NAMES)
1. (Mother) ________________________________  2. (Father)
3. (Step-parent) ________________________________ Language Spoken __________ Phone( ) __________
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. X
(Signature of Parent/Guardian) ________________________________ Date:

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: X
   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:
   ________________________________

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: X
   ________________________________

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. If my payments are 60 days late, my child will be dismissed from the program.
   ________________________________

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.
   X
   Signature of Parent/Guardian ________________________________ Date ________________________________

For Office Use Only

Date Rec’d: __________ Amt. Rec’d: __________ Cash: __________ Check #: __________ Approved: __________
Snack Form __________
School District 62
School Age Programs Questionnaire

School Data:

Name of student ___________________ Date of Birth: ___________ Sex: _____

School: __________________________ Grade: ___________

What language is spoken in the home? _______________________

Family Background

In order to be sensitive to the cultural diversity of your family, are there any cultural or religious preferences of which we should be made aware?

General Questions

1. Describe your reason for using the SPARK Program: ____________________________________________________________

2. Describe your expectations of the SPARK Program: ____________________________________________________________

3. List any specific questions you would like to have answered about the SPARK program: ________________________

Child Information

1. Describe your child’s strengths: ____________________________________________________________

2. What are your child’s favorite activities at home? _______________________________________________________

3. How does he/she relate to others? ________________________________________________________________
   To his/her peers: _____________________________
   To adults: __________________________________
   To strangers: ______________________________

4. Are there specific things that make him/her angry or afraid? _____________________________________________

5. Does your child have any health problems the center should be aware of? ____________________________
   If so, what?

6. Does your child have any food allergies? If so, what? _______________________________________________
**Special Services**

Is your child receiving any special education interventions?

**If yes, in what area/s?**  

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<tr>
<th>Hearing impaired</th>
<th>Describe</th>
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<tr>
<td>Multiple handicapped</td>
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<td>Physically impaired</td>
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<td>Learning disabled</td>
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<td>Speech and/or language impaired</td>
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<td>Visually impaired</td>
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<td>Behavior disorder</td>
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**Additional Comments:**

**Remember:**

You are your child’s first and most important teacher. Because of this, the SPARK staff welcome and value your input concerning your child.

In order to help the staff best meet the emotional needs of your child, keep them posted about any major events that may effect your child, i.e. the births of a baby, change in marital status, the move to a new house, the death of a grandparent or pet, etc. Your confidentiality will be respected at all times.