

**Registration Application  
District 62 SPARK Program  
(847) 824-1065**

**Iroquois After  
School 2019/2020**

Name of Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Child's Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Male: \_\_\_\_\_  
City: \_\_\_\_\_, Illinois Zip: \_\_\_\_\_ Female: \_\_\_\_\_  
School: ICS Grade in **2019/2020** school year: \_\_\_\_\_ **Spec. Ed. Classification:** \_\_\_\_\_

**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: \_\_\_\_\_

<u>Employer/Company Name:</u>	<u>Work Phone:</u>	<u>Cell Phone:</u>
(Mother) _____	( ) _____	( ) _____
(Father) _____	( ) _____	( ) _____
(Step-parent) _____	( ) _____	( ) _____
(Guardian) _____	( ) _____	( ) _____

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

	<u>2 Days</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>	
_____ P.M. 2:45-6:00	\$125.00/mo	\$187.00/mo	\$245.00/mo	\$289.00/mo	Mon _____ Tues _____ Wed _____ Thur _____ Fri _____
_____ Emergency Use Session \$16.90/day					
					Starting Date: _____

**Note: If your child cannot adapt to the classroom 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 provided 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. \_\_\_\_\_  
(Signature of Parent/Guardian)

**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:** \_\_\_\_\_ **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:** \_\_\_\_\_

**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 account is 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.**

\_\_\_\_\_  
Signature of Parent/Guardian Date

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**For Office Use Only**

Date Rec'd: \_\_\_\_\_ Amt. Rec'd: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Approved: \_\_\_\_\_

Snack Form \_\_\_\_\_