



*Des Plaines School District 62*  
*Early Learning Center*

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: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Child's Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Male: \_\_\_\_\_  
City: \_\_\_\_\_, Illinois Zip: \_\_\_\_\_ Female: \_\_\_\_\_  
School: \_\_\_\_\_ Grade in 2019/2020 \_\_\_\_\_ 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>School-Age</u>	<u>2 Days</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>	Mon _____
____ A.M. 7:00-9:00	\$75.00/mo	\$112.00/mo	\$147.00/mo	\$173.00/mo	Tues _____
____ P.M. 3:30-6:00	\$94.00/mo	\$140.00/mo	\$183.00/mo	\$216.00/mo	Wed _____
					Thur _____
					Fri _____

\_\_\_\_ 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)

**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**

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**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?**

**Describe**

Hearing impaired

Multiple handicapped

Physically impaired

Learning disabled

Speech and/or language impaired

Visually impaired

Behavior disorder

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.