



## 2011-2012 Great Adventures Program for Preschoolers New Student Registration Application Packet

### New Student Registration Information

Applications will only be accepted at the Recreation/Administration Center, 23729 W. Ottawa Street, Plainfield, IL 60544 by mail, 24 hour drop box, or in-person.

Resident Applications will be accepted from **Monday, March 5, 2012 to Thursday, March 22, 2012.**

To reserve your placement in the New Student Resident Lottery, your Application Packet (Registration form and Payment Plan Agreement Form) must be accompanied by a \$75.00 non-refundable Registration Fee via Check or Money Order and submitted by **6:00pm, Thursday, March 22, 2012.**

Lottery will occur on **Friday, March 23, 2012.** Letter confirmations will be mailed within one week.

#### Total Program Fee:

Two-Day Program: R \$1023 / NR \$1,534.50

Three-Day Program: R \$1,329 / NR \$1,993.50

#### Registration Guidelines:

- The Great Adventures Registration Application Packet must be completed.
- \$75.00 Non-Refundable Registration Fee is due with your application via **Check or Money Order.** This fee will go towards the entire program fee.
- Proof of Residency: Voter's Registration Card or Tax Bill is required at the time of registration if you have a change of address or are new to the Plainfield Park District.
- A copy of your child's Birth Certification and Immunization Record will be due within one (1) month of the start of the program.

Open Registration will begin on **Monday, March 26, 2012** on a first come first serve basis.

If you have any questions about the Great Adventures Program, please call Great Adventures at (815) 254-2992 or email [greatadventures@plainfieldparkdistrict.com](mailto:greatadventures@plainfieldparkdistrict.com)

If you have any questions about the registration process, please call the Plainfield Park District Recreation/Administration Center at (815) 436-8812.



Plainfield Park District ~ 23729 W. Ottawa Street ~ Plainfield, IL 60544 ~ 815-436-8812



# 2012-2013 Great Adventures Payment Plan Agreement Form

If you are paying in full at the time of registration do not complete this form.

Payment Plan: \_\_\_\_\_ Initial

- **\$75.00 non-refundable Registration Fee due at the time of registration will go towards the entire program fee. Must be paid check or money order.**
- **Invoices will not be sent.**
- **How to pay:** In-person, by mail, 24 hour drop box or On-line @ [www.plainfieldparkdistrict.com](http://www.plainfieldparkdistrict.com).
- **Mailing Payments:** if you are mailing your payment, make sure it arrives on or before the due date. If it is received in the mail after the due date then it is considered late. Please also consider this if you intend on using your financial institution for On-line Bill Pay.
- **We do not accept payments over the phone.**
- **See Payment Plan Policy: Late fee of \$25.00**
- **Payment types accepted:** Check, Cash, Money Order, VISA, MASTERCARD, or DISCOVER.
- **Paying via Check / Money Order:** Please make payable to the PLAINFIELD PARK DISTRICT.

#### Payment Due Dates:

\$75.00 Registration Fee Due at the time of registration.

Payment #1: April 15, 2012\*

Payment #2: May 15, 2012

Payment #3: June 15, 2012

Payment #4: July 15, 2012

Payment #5: August 15, 2012

Payment #6: September 15, 2012\*

*\*If payment due date falls on Saturday or Sunday payment is due on Monday by 6 p.m. No exceptions.*

#### 2-Day Program Payment

Resident: \$158 | Non-Resident: \$243.25

Program Fee: R \$1023 | NR \$1534.50

#### 3-Day Program Payment

Resident: \$209 | Non-Resident: \$319.75

Program Fee: R \$1,329 | NR \$1,993.50

Payment Plan Policy: Late Fee of \$25.00 per participant \_\_\_\_\_ Initial

The Payment Plan Policy states that payments must be made on or before the close of said business day listed above. If payments are not received on or before due date and/or are not the correct amount a late fee of \$25.00 will be assessed to your account. If a check is returned to us for any reason, there will be an NSF fee of \$20.00 and the payment will be considered late. Once the late fee is assessed, you will have five (5) days to remit payment plus late fee. If after five (5) days your account has not been brought up-to-date, your child will be removed from the Great Adventures Program for Preschoolers. Late Fees are non-refundable.

**NSF Fees: All NSF Checks will incur an additional and non-refundable charge of \$20.00.**

**\$75.00 Registration Fee is non-refundable.**

**Great Adventures Refund Policy:** Refund/Transfer requests may be made up to five (5) business days prior to the start of a class. A \$5.00 service charge will be deducted from all refunds except for those canceled by the Park District. Refund requests received after the deadline will be honored only for certified medical reasons or moving from the district and will be prorated from the last date attended and/or date the documentation (doctor's note, closing papers/transfer letter) is received. Registration Fee, Late Fee, and NSF Fee are non-refundable.

By signing below I have read and agree to abide by the payment plan I have selected and understand the payment plan policy, registration fee, NSF fee, and refund policy.

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

1<sup>st</sup> Child's Name: \_\_\_\_\_ 2<sup>nd</sup> Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

All information will be kept confidential. If you have any questions, please do not hesitate to call the Plainfield Park District at (815) 436-8812.

**FOR OFFICE USE ONLY:** Date: \_\_\_\_\_ Make a copy for Customer (initial): \_\_\_\_\_

Registration Fee\*: \$75.00 Payment #1: \_\_\_\_\_ Payment #2: \_\_\_\_\_ Payment #3: \_\_\_\_\_

\*Non-Refundable (check or money order)

Payment #4: \_\_\_\_\_ Payment #5: \_\_\_\_\_ Payment #6: \_\_\_\_\_



Plainfield Park District ~ 23729 W. Ottawa Street ~ Plainfield, IL 60544 ~ Ph: 815-436-8812  
Business Hours: Mon. – Thurs. 8:30 am to 6:00 pm, Fri. 8:30 am to 4:30 pm; Closed Sat. and Sun.

**PLEASE RETAIN FOR YOUR RECORDS.**

# Registration Form

Return this form to the Plainfield Park District by Mail, 24 Hour Drop Box, or Walk-in  
Recreation / Administration Center  
23729 W. Ottawa Street, Plainfield, IL 60544

Head of Household Last Name: \_\_\_\_\_ Head of Household First Name: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Would you like to donate to the Friends of Plainfield Park District Foundation? (please check)  YES  NO Amount: \$ \_\_\_\_\_ (Program #: 92414)

Choice	Program Number	Program Name	Fee	Participant's Name	Sex	Birthdate	Age	Grade
1st Choice:					<input type="checkbox"/> M			
2nd Choice:					<input type="checkbox"/> F			
1st Choice:					<input type="checkbox"/> M			
2nd Choice:					<input type="checkbox"/> F			
1st Choice:					<input type="checkbox"/> M			
2nd Choice:					<input type="checkbox"/> F			
1st Choice:					<input type="checkbox"/> M			
2nd Choice:					<input type="checkbox"/> F			
1st Choice:					<input type="checkbox"/> M			
2nd Choice:					<input type="checkbox"/> F			

**Refund Policy: Service Charge of \$5.00** | Refund/Transfer requests may be made up to five (5) business days prior to the start of a class. A \$5.00 service charge will be deducted from all refunds except for those canceled by the Park District. Refund requests received after the deadline will be honored only for certified medical reasons, moving from the district, or those that qualify for a program guarantee refund.

### Plainfield Park District Waiver

Please read this form carefully and be aware that in signing up and participating in this program / activity, you will be expressly assuming the risk and legal liability and waving and releasing all claims for injuries, damages or loss which you or your minor child / ward might sustain as a result of participating in any and all activities connected with and associated with this program / activity (including transportation services / vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program / activity and I voluntarily agree to assume the full risk of any and all injuries, damages or loss regardless of severity, that my minor child / ward or I sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child / ward may have (or accrue to me or my minor child / ward) as a result of participating in this program / activity against the Plainfield Park District, including its officials, agents, volunteers, contractors and employees (hereinafter collectively referred to as "Plainfield Park District").

I do hereby fully release and discharge the Plainfield Park District from any and all claims for injuries, damages or loss sustained by anyone arising out of, connected with, or in any way associated with this program / activity.

I understand the nature of this program and have read and fully understand the above important information, warning of risk, assumption of risk and waiver release of all claims.

#### Permissions To Photograph And Videotape Participants Is Authorized By Your Signature On This Waiver.

By signing this waiver, I understand that my child / ward or I may be photographed or videotaped at any Plainfield Park District program, event, or facility. I give permission for photographs and videotapes of my child / ward or me to be used to promote the Park District through press releases, brochures, the web site, and other promotional materials. Such photographs and videotapes will remain the property of the Plainfield Park District. Please tell the instructor and photographer if you do not want to be photographed.

X \_\_\_\_\_  
Signature of Participant Required

X \_\_\_\_\_  
Signature of Parent or Guardian Required (if participant is under 18 years of age)

### Inclusion Information

If you or a family member would like to enroll in a Park District program and need assistance under the Americans with Disabilities Act, simply request additional services by marking the ADA section below. Inclusion services are available to people who need physical assistance, adaptations, accommodations, and support necessary to allow for social, mental, and emotional inclusion. Inclusion requests will be forwarded to JBSRA, who will work to find the appropriate assistance. Please provide at least two weeks notice prior to the start of the program date for an inclusion request.

Americans with Disabilities Act special needs?  YES  NO Full Name of Participant: \_\_\_\_\_  
A.D.A. Statement: The Plainfield Park District intends to comply with the intent and spirit of the Americans with Disabilities Act. If you need special accommodations, please call (815)436-8812 so we may make the necessary arrangements for you.

Any allergies, special accommodations or inclusion needed? (please check)  YES  NO If Yes, Full Name of Participant: \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_