

Before and After School Club: Program Information

Registration Begins October 15 @ 9:00am

The Before and After School Program is a cooperative effort between the Hanover Park Park District and Keeneyville District #20 held at Greenbrook Elementary School during the 2020-2021 school year. Keep your kids active and busy before and after school! Park District staff not only provides a safe and fun environment, but also participates in sports, games, and crafts with your child. There's homework and snack time too. With a flexible schedule (you pick how many days your child attends) and a reasonable fee, you cannot go wrong.

The program operates daily from 6:30am-8:30am and 3:00pm-6:00pm. Families may choose to register for before school care, after school care, or both. Children will participate in active games, crafts, homework time, and snack time. Registration must be completed in advance through the park district. Each participant must also bring their own water and wear a facial covering for the duration of the program unless outside and able to stay socially distant. Students must attend Greenbrook Elementary School.

Participant Expectations:

1. Participants must be able to wear a face mask or cloth face covering during the following times:
 - a. Arrival/Departure
 - b. Hallways/Restrooms
 - c. Inside all program spaces
 - d. Outside when social distancing is not possible
2. Participants must be able to abide by the 6-foot social distancing guidelines
 - a. In order to maintain 6-foot social distancing guidelines, participants must be able to do the following:
 - i. Secure their own face masks or cloth face coverings
 - ii. Be fully potty-trained and require no assistance in the restroom
 - iii. Zip jackets or hoodies without assistance
 - iv. Tie shoes without assistance
3. Participants will need to bring the following items to the program every day:
 - a. Water bottle (enough water for the duration of the program)
 - b. Face mask or cloth face covering
 - c. Closed toed shoes and clothes that allow the child to be active
 - d. Personal hand sanitizer (optional)

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Program Information

Before School Club operates each morning from 6:30-8:30am. After School Club operates each afternoon from 3:00-6:00pm.

We offer flexible schedule options; you choose how many days a week you need care. Upon registration, you must indicate which days of the week your child will attend. Days of attendance must be consistent each week.

Before School Club: 6:30-8:30am

602203-01	1 day/week	\$30/month
602203-02	2 days/week	\$60/month
602203-03	3 days/week	\$90/month
602203-04	4 days/week	\$120/month
602203-05	5 days/week	\$150/month

After School Club: 3:00-6:00pm

602202-01	1 day/week	\$45/month
602202-02	2 days/week	\$90/month
602202-03	3 days/week	\$135/month
602202-04	4 days/week	\$180/month
602202-05	5 days/week	\$225/month

DAILY PASS

A daily pass option is available for \$15 per day for those who do not have a set schedule. Daily passes are available on a first come, first served basis and are dependent on availability. Passes can be purchased by calling the Park District registration desk at 630-837-2468 or emailing l.dzik@hpparks.org. Daily passes must be purchased at least 2 business days in advance. Your daily pass is not confirmed until you have received a receipt via email.

DAYS OFF SCHOOL

On select non-attendance days, the park district will offer "Days Off Club" programming at the Community Center. Separate registration is required. Please check the park district website for more information.

Before and After School Club: Program Information

Registration Begins October 14 @ 9:00am

How to Register

Registration can be completed in the following ways:

1. Complete the attached registration form and email to l.nicol@hpparks.org. Once your registration form has been received, a park district staff member will call you to complete payment over the phone.
2. Register online at hpparks.org. If you have not registered with the park district before, you will need to email j.panagakis@hpparks.org to have an online account set up. In your email, please include your full name, birthdate, phone number, and address, as well as the full name and birthdate of the child(ren) you wish to register.
3. Call the registration desk at 630-837-2468. The registration desk is open Monday-Friday, 9:00am-4:00 pm. *In-person registration is not available at this time.*

Payment Information

The program runs November 2, 2020 through the final day of school. Program fees are divided into 7 equal payments. The first payment is due at the time of registration, with each additional payment due on the 15th of every month. If the 15th falls on a weekend or holiday, the payment will be due the following business day.

Payments can be made online at hpparks.org, or by calling 630-837-2468. Failure to make payment by the 15th will result in a \$25 late fee being added to your account. If full payment, including late fee, is not made by the end of the month, the child will be dropped from the program.

2020-2021 Payment Schedule:

Payment #1	Time of registration
Payment #2	Monday, November 16
Payment #3	Tuesday, December 15
Payment #4	Friday, January 15
Payment #5	Monday, February 15
Payment #6	Monday, March 15
Payment #7	Thursday, April 15



Hanover Park Park District

Before and After School Club Registration Form

Participant Information					
Child's Name		Date of Birth		Gender	
Parent/Guardian's Name		Phone #			
Email					
Parent/Guardian's Name		Phone #			
Email					
Address					
City		State		Zip Code	
Grade		Teacher			

Program Options	
Program	<input type="checkbox"/> Before School Club (6:30am-8:30am) <input type="checkbox"/> After School Club (3:00pm-6:00pm)
Select Days of Care <small>Days of attendance must be the same each week. If inconsistent dates are needed, please select the Daily Pass option.</small>	Choose one: <input type="checkbox"/> 1 Day/week Day of Week: _____ <input type="checkbox"/> 2 Days/week Days of Week: _____ <input type="checkbox"/> 3 Days/week Days of Week: _____ <input type="checkbox"/> 4 Days/week Days of Week: _____ <input type="checkbox"/> 5 Days/week Days of Week: _____ <input type="checkbox"/> Daily Pass Dates: _____ _____ _____

- Days missed due to absence are non-transferable and non-refundable and will be taken on a case-by case basis.
- Days missed due to absence from COVID exposure, quarantine, and/or illness may be transferred or refunded.
- Daily passes must be purchased at least 2 business days in advance are subject to availability Some days may become full.
- Programs have a maximum of 15 participants, anyone enrolled past 15 will be put on a waitlist until a second group can be formed.

Special Accommodations

The Hanover Park Park District intends to comply with the Americans with Disabilities Act and make all reasonable efforts to ensure each participant is successfully included in the program. If accommodations are needed, please call the park district at 630-837-2468 to discuss arrangements.

Will your child require any special accommodations? Yes No

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the programs listed above, you will be expressly assuming the risk and legal liability and waiving 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 said programs/activities (including transportation services/vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 may 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 child/ward) as a result of participating in these programs/activities against the Hanover Park Park District, including its officials, agents, volunteers, and employees (hereinafter collectively referred to as "Hanover Park Park District"). I do hereby fully release and forever discharge the Hanover Park Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. By signing, you signify that you have read and fully understand the above important information, warning of risk, assumption of risk, and waiver and release of all claims. If registering online or via fax, your online or facsimile signature shall substitute for and have the same legal effect as an original form of signature. After reading the above information, please sign and date the registration form. PHOTO POLICY The Hanover Park Park District reserves the right to photograph or videotape participants in Park District programs, facilities, or parks for the District's use. PARTICIPATION WILL BE DENIED is the signature of adult participation or parent/guardian and date is not on the waiver. I have read and fully understand the important information, warning and risk, assumption of risk and waiver and release of all claims on this form.

Participant's Name: _____

Signature: _____ Date: _____



Hanover Park Park District

Participant Emergency Form

Participant Information					
Child's Name		Date of Birth		Age	
Address					
City		State		Zip Code	
School District		School		Grade	
Primary Language					

Emergency Contacts					
Parent/Guardian Name		Email		Cell Phone	
Place of Employment		Work Phone			
Primary Language		Best way to contact during program hours			
Parent/Guardian Name		Email		Cell Phone	
Place of Employment		Work Phone			
Primary Language		Best way to contact during program hours			
Emergency Contact		Relationship to participant			
Cell phone #		Alternate phone #			

Release Information		
The following individuals have permission to pick up my child from the program.		
Name	Relationship	Phone Number
My child is permitted to walk home from the program: ___ Yes ___ No		

Please list any individuals that are restricted from having contact with your child. List specific instructions for staff to follow if contact is attempted:

*If a parent is listed, court documentation must be attached to this form.

Name	Relationship
Instructions for staff:	

Health Information

Physician Name		Phone #	
Date of last tetanus shot			
Child's allergies			
Will your child be bringing any of the following?	<input type="checkbox"/> EpiPen <input type="checkbox"/> Rescue inhaler		
If yes, will they self-carry this medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dietary Restrictions			
Physical limitations or special needs			
Please list child's medications			
Will your child be required to take medication while attending the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list the medication name, dosage, and times that the medication should be taken.			
<i>You must request a Permission to Dispense Medication form. All medication must be brought in its original container with the name and dosage clearly displayed. All prescription medication must have the child's name printed on the label.</i>			
Please list any other information you would like us to know			

It is recommended that all participants consult with a physician to determine their health status.

Emergency Treatment: A minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, women under 18, and men under 21, except in cases of extreme emergency.

To Whom It May Concern: as a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature		Date	
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Please read the following information carefully

Program Participation: I give permission for my child to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Hanover Park Park District or its commissioners, employees, or volunteers for damages and /or injuries to the participant, which may arise from the participation in the Hanover Park Park District programs.

Parent Manual: I have read, understand, and agree to follow all policies explained in the Hanover Park Park parent manual provided for this program.

I certify that the information I have provided is complete and accurate to the best of my knowledge.

Parent/Guardian Signature		Date	
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