

Riverside Parks & Recreation Before & After School Program Acknowledgment Waiver

ALL ITEMS ON THIS LIST CAN BE FOUND ON OUR WEBSITE IN THE DOCUMENT PACKET

Please fully complete all necessary paperwork and turn in all paperwork by August 15th, 2022 to the Riverside Parks & Recreation Department at 43 E. Quincy St in Riverside, IL, scan and send to riversidepr@riverside.il.us or drop in the Village Dropbox at 27 Riverside Rd.

Your child is not officially enrolled in the program until All Required Forms are turned in.

Important Documents

Please ensure you review document packet with your child so they fully understand the rules and procedures at the Before and After School Program. Please initial each box after reading to indicate you have read and agree to abide by the rules and regulations. Please sign and submit the other documents if required along with this waiver. Forms with initial requirements are available online at www.riverside.il.us Departments → Parks & Recreation → Programs & Events → Before/After School Program



Indicates Form must be turned in along with this waiver

BEHAVIORIAL GUIDELINES – WITHIN PARENT MANUAL

Our behavioral guidelines have been put into effect to ensure the safety of the students and staff. These guidelines will be executed with no exceptions. Inappropriate behavior includes the following but is not limited to: offensive language; physical aggressiveness towards self, students or staff; uncooperative behavior; disrespect towards anyone within or outside of the program; disrupting program activities. Please read the attached behavioral guideline acknowledgement sheets with your child and note that these sheets will need to be signed and returned prior to the start of the program. (Available Online)

PARENT MANUAL (Available Online)



ATTENDENCE FORM – FILL OUT TOP SECTION ONLY

This form requires standard registration information for communication & what days your child will be attending. **Fill in the top section only.** This sheet must be completed with all parent or legal guardian information, and what days your child will be attending the program.



PARTICIPANT EMERGENCY FORM – 2 SIDED SHEET

This form requires standard registration information and other personal health facts about your child. **All boxes must be filled in.** This sheet must be completed with all parent or legal guardian information, and also allows the parent or legal guardian to submit additional names and information of people that will be allowed to pick up their child from the Riverside Parks and Recreation Before and After School Program. **Any changes to this form must be made in person. Not over the phone or at the school.**



SELF SIGN-IN AND SIGN-OUT FORM (by request only)



MEDICATION AUTHORIZATION/RELEASE FORM (by request only)

I have read and fully understand and voluntarily agree to the above stated conditions of participation in the above program(s).

Child's Name: _____
(Please print clearly)

Date: _____

Parent's Signature: _____

Date: _____

Riverside Before & After School Program Attendance Form

Absolutely no refunds, credits, or prorating after payment deadline.
 Dates in accordance with D96 2022/2023 School Calendar

TIMES: *Monday-Friday*
 Before School Program 6:30 – 8:05 A.M.
 After School Program 2:55 P.M. – 6:00 PM

MONTHLY PAYMENTS AND REGISTRATION ARE DUE THE 15TH OF THE MONTH PRIOR. MONTHLY DEPOSITS CAN BE CAN BE PUT DOWN FOR THE ENTIRE SCHOOL YEAR UPON INITIAL REGISTRATION.

Participant Name:	D.O.B.	Grade in 2022-2023	Gender	School of Attendance
Street Address	City and State		Zip	Home Phone
Guardian Name (1) and Relationship		Cell Phone	Work Phone	Email Address
Guardian Name (2) and Relationship		Cell Phone	Work Phone	Email Address
AM Days Attending (Please circle)		PM Days Attending (Please circle)		Days May Vary (Please specify)

In accordance with American with Disabilities Act please mark if any accommodation is needed for your child's enjoyment in our Before & After School Program. **YES NO** (Please Circle one) If yes, please describes any accommodation needed for your child's enjoyment in our Before & After School Program (Use back of form if more space is needed.)

FOR OFFICE USE ONLY: AW AF EF SISO MED Family Pin_____

MONTH	PMT DEADLINE	PROGRAM FEE	DEPOSIT	PAYMENT METHOD	
SEPTEMBER (Begins 8/29) NO 9/5	8/15	A.M. Fee <input type="checkbox"/> 5 Day \$124 <input type="checkbox"/> 3 Day \$94 <input type="checkbox"/> 2 Day \$65	P.M. Fee <input type="checkbox"/> 5 Day \$282 <input type="checkbox"/> 3 Day \$173 <input type="checkbox"/> 2 Day \$131	<input type="checkbox"/> \$15	<input type="checkbox"/> Check # <input type="checkbox"/> WWW DT_____ <input type="checkbox"/> CC# <input type="checkbox"/> CSH <input type="checkbox"/> LP
OCTOBER NO 10/10, 10/11	9/15	A.M. Fee <input type="checkbox"/> 5 Day \$124 <input type="checkbox"/> 3 Day \$94 <input type="checkbox"/> 2 Day \$65	P.M. Fee <input type="checkbox"/> 5 Day \$282 <input type="checkbox"/> 3 Day \$173 <input type="checkbox"/> 2 Day \$131	<input type="checkbox"/> \$15	<input type="checkbox"/> Check # <input type="checkbox"/> WWW DT_____ <input type="checkbox"/> CC# <input type="checkbox"/> CSH <input type="checkbox"/> LP
NOVEMBER NO 11/8, 11/21-11/25	10/17	A.M. Fee <input type="checkbox"/> 5 Day \$124 <input type="checkbox"/> 3 Day \$94 <input type="checkbox"/> 2 Day \$65	P.M. Fee <input type="checkbox"/> 5 Day \$282 <input type="checkbox"/> 3 Day \$173 <input type="checkbox"/> 2 Day \$131	<input type="checkbox"/> \$15	<input type="checkbox"/> Check # <input type="checkbox"/> WWW DT_____ <input type="checkbox"/> CC# <input type="checkbox"/> CSH <input type="checkbox"/> LP
DECEMBER NO 12/20-12/31	11/15	A.M. Fee <input type="checkbox"/> 5 Day \$124 <input type="checkbox"/> 3 Day \$94 <input type="checkbox"/> 2 Day \$65	P.M. Fee <input type="checkbox"/> 5 Day \$282 <input type="checkbox"/> 3 Day \$173 <input type="checkbox"/> 2 Day \$131	<input type="checkbox"/> \$15	<input type="checkbox"/> Check # <input type="checkbox"/> WWW DT_____ <input type="checkbox"/> CC# <input type="checkbox"/> CSH <input type="checkbox"/> LP
JANUARY NO 1/2-1/6 NO 1/16	12/15	A.M. Fee <input type="checkbox"/> 5 Day \$124 <input type="checkbox"/> 3 Day \$94 <input type="checkbox"/> 2 Day \$65	P.M. Fee <input type="checkbox"/> 5 Day \$282 <input type="checkbox"/> 3 Day \$173 <input type="checkbox"/> 2 Day \$131	<input type="checkbox"/> \$15	<input type="checkbox"/> Check # <input type="checkbox"/> WWW DT_____ <input type="checkbox"/> CC# <input type="checkbox"/> CSH <input type="checkbox"/> LP
FEBRUARY NO 2/17, 2/20*school depending	1/16	A.M. Fee <input type="checkbox"/> 5 Day \$124 <input type="checkbox"/> 3 Day \$94 <input type="checkbox"/> 2 Day \$65	P.M. Fee <input type="checkbox"/> 5 Day \$282 <input type="checkbox"/> 3 Day \$173 <input type="checkbox"/> 2 Day \$131	<input type="checkbox"/> \$15	<input type="checkbox"/> Check # <input type="checkbox"/> WWW DT_____ <input type="checkbox"/> CC# <input type="checkbox"/> CSH <input type="checkbox"/> LP
MARCH NO 3/27-3/31	2/15	A.M. Fee <input type="checkbox"/> 5 Day \$124 <input type="checkbox"/> 3 Day \$94 <input type="checkbox"/> 2 Day \$65	P.M. Fee <input type="checkbox"/> 5 Day \$282 <input type="checkbox"/> 3 Day \$173 <input type="checkbox"/> 2 Day \$131	<input type="checkbox"/> \$15	<input type="checkbox"/> Check # <input type="checkbox"/> WWW DT_____ <input type="checkbox"/> CC# <input type="checkbox"/> CSH <input type="checkbox"/> LP
APRIL NO 4/28	3/15	A.M. Fee <input type="checkbox"/> 5 Day \$124 <input type="checkbox"/> 3 Day \$94 <input type="checkbox"/> 2 Day \$65	P.M. Fee <input type="checkbox"/> 5 Day \$282 <input type="checkbox"/> 3 Day \$173 <input type="checkbox"/> 2 Day \$131	<input type="checkbox"/> \$15	<input type="checkbox"/> Check # <input type="checkbox"/> WWW DT_____ <input type="checkbox"/> CC# <input type="checkbox"/> CSH <input type="checkbox"/> LP
MAY (Ends 6/6) NO 5/29	4/17	A.M. Fee <input type="checkbox"/> 5 Day \$124 <input type="checkbox"/> 3 Day \$94 <input type="checkbox"/> 2 Day \$65	P.M. Fee <input type="checkbox"/> 5 Day \$282 <input type="checkbox"/> 3 Day \$173 <input type="checkbox"/> 2 Day \$131	<input type="checkbox"/> \$15	<input type="checkbox"/> Check # <input type="checkbox"/> WWW DT_____ <input type="checkbox"/> CC# <input type="checkbox"/> CSH <input type="checkbox"/> LP

WEEKLY PAYMENTS ARE DUE IN FULL THURSDAY OF THE WEEK PRIOR AT 11:00 AM

DATES	AM Fee	PM Fee	OFFICE USE ONLY
AUG 24-26	3 ☐ \$31 2 ☐ \$23	3 ☐ \$60 2 ☐ \$42	
AUG 29-SEPT 2	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
SEPT 6-9	4 ☐ \$34 3 ☐ \$31 2 ☐ \$23	4 ☐ \$66 3 ☐ \$60 2 ☐ \$42	
SEPT 12-16	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
SEPT 19-23	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
SEPT 26-30	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
OCT 3-7	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
OCT 12-14	3 ☐ \$31 2 ☐ \$23	3 ☐ \$60 2 ☐ \$42	
OCT 17-21	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
OCT 24-28	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
OCT 31-NOV 4	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
NOV 7-11 (No 11/8)	4 ☐ \$34 3 ☐ \$31 2 ☐ \$23	4 ☐ \$66 3 ☐ \$60 2 ☐ \$42	
NOV 14-18	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
NOVE 28-DEC 2	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
DEC 5-9	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
DEC 12-16	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
DEC 19-22	4 ☐ \$34 3 ☐ \$31 2 ☐ \$23	4 ☐ \$66 3 ☐ \$60 2 ☐ \$42	
JAN 9-13	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
JAN 17-20	4 ☐ \$34 3 ☐ \$31 2 ☐ \$23	4 ☐ \$66 3 ☐ \$60 2 ☐ \$42	

DATES	AM Fee	PM Fee	OFFICE USE ONLY
JAN 23-27	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
JAN 30-FEB 3	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
FEB 6-10	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
FEB 13-16	4 ☐ \$34 3 ☐ \$31 2 ☐ \$23	4 ☐ \$66 3 ☐ \$60 2 ☐ \$42	
FEB 21-24	4 ☐ \$34 3 ☐ \$31 2 ☐ \$23	4 ☐ \$66 3 ☐ \$60 2 ☐ \$42	
FEB 27-MAR 3	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
MAR 6-10	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
MAR 13-17	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
MAR 20-24	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
APR 3-7	4 ☐ \$34 3 ☐ \$31 2 ☐ \$23	4 ☐ \$66 3 ☐ \$60 2 ☐ \$42	
APR 10-13	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
APR 17-21	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
APR 24-28	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
MAY 1-5	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
MAY 8-12	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
MAY 15-19	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
MAY 22-26	5 ☐ \$42 3 ☐ \$31 2 ☐ \$23	5 ☐ \$82 3 ☐ \$60 2 ☐ \$42	
MAY 30-JUNE 2	4 ☐ \$34 3 ☐ \$31 2 ☐ \$23	4 ☐ \$66 3 ☐ \$60 2 ☐ \$42	
JUNE 5-6	3 ☐ \$31 2 ☐ \$23	3 ☐ \$60 2 ☐ \$42	

Riverside Parks & Recreation Emergency Form		Household Email Address(es): _____	
Participant's Name:		Select Days Attending AM <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Varies Select Days Attending PM <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Varies	
Address:			
Birthdate:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	School:
Mother/Legal Guardian:			
Address (if different):			
Home Phone:		Cell Phone:	
Work Phone:		Work Address/City:	
Father/Legal Guardian:			
Address (if different):			
Home Phone:		Cell Phone:	
Work Phone:		Work Address/City:	
Parents are <input type="checkbox"/> living together <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> other:			
Fears/phobias? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		Medical conditions/limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		Is your child on medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		Is medication required during the program hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your child's immunizations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		When was your child's last tetanus shot? Explain:	

Participant's Name

EMERGENCY NUMBERS AND TRANSPORTATION AUTHORIZATION

How will your child be transported to the program? Walk/Bike Public Transportation Car

Please list those authorized to transport your child to and from the Riverside Parks & Recreation Department. In the event that someone who does not usually transport your child should arrive for pick-up, they will be requested to produce a photo ID before a child will be released. **The individuals listed below will also be contacted in the event of an emergency or illness if we are unable to reach you.**

Name:

Relation:

Phone:

Name:

Relation:

Phone:

Name:

Relation:

Phone:

Signature of Parent/Legal Guardian

Date

EMERGENCY CARE AUTHORIZATION

In the event of any emergency, I hereby authorize Riverside Parks & Recreation Department to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I also authorize staff to administer CPR & First Aid for which they are trained. In case of an accident or health emergency, paramedics will be called. Every effort will be made to contact parents or guardians immediately.

Signature of Parent/Legal Guardian

Date

AUTHORIZATION TO PARTICIPATE IN ALL ACTIVITIES

My child has my permission to participate in all activities at the Riverside Parks and Recreation Department facilities. All activities will be scheduled on a daily basis, weather permitting. I understand that my child will be supervised and the safety rules will be enforced. This is not intended as a waiver or release of any legal responsibility.

Signature of Parent/Legal Guardian

Date