



2019-2020 KASPER REGISTRATION

NEW PARTICIPANTS

Registration: June 10 – 21st, 2019

First Come, First Serve

Completed Registrations:

- Fill out, save & e-mail to kasper@parkfun.com (Must be received by 11:59PM of the deadline date)
- Dropped off or mailed to: Community Recreation Center, KASPER Program (505 N. Springinsguth Rd. Schaumburg, IL, 60194)
 - Mailed registrations must be received, not postmarked: by June 21st, 2019
 - Community Recreation Center Building Hours 7:00 AM – 9:00 PM
- **Reminder: Registration is on a first come first serve basis.**

KASPER Hours, Locations and Fees: See attached *KASPER Flyer*

Payment Options: See attached *Payment Contract Form*

- **Financial Assistance:** Applications may be obtained at the KASPER office and online. Families need to re-apply each year. All required documentation must be submitted with the scholarship application for the application to be processed.
- **State of IL Assistance:** Families receiving assistance for child care must provide the KASPER office with a letter "Approval of Request for Child Care Payment" provided from Illinois Action for Children.

Change to Attendance: All changes must be in the KASPER Office by 11:00AM on Wednesdays. Changes will go into effect on the following Monday.

- **Please Note:** From August 2nd to August 31st no changes to registrations will be implemented. Any changes received after August 2nd will not go into effect until September 2nd, 2019.

EPACT NETWORK

The Schaumburg Park District KASPER program is proud to announce the adoption of ePACT Network for better safety! ePACT is a secure emergency network, that we will use to collect medical and emergency contact information electronically. Not only will ePACT replace paper forms, but it will also ensure we have a way to communicate with you in the event of an unexpected situation.

Why are we using ePACT?

- **To save you time** – With ePACT, you only need to complete your child's information once, and can then use that same record for other programs or subsequent years.
- **Improved privacy and security** – Eliminating paper forms ensures that your key information is safe and secure. ePACT maintains the same levels of security as online banking, and limits access only to the administrators we assign for enhanced privacy.
- **Better support** – ePACT makes it easy for you to share comprehensive health and emergency contact details, so we can provide the best support to your child. Plus, you can update this anytime and we will automatically receive those new details.

How it works

- You'll receive an email invite to share information with Schaumburg Park District.
- Click 'Complete Request' to create a free account.
- Enter the required information, like medical conditions, and share it with Schaumburg Park District so that program staff has access.

ePACT Support

Have questions or feedback? Please contact help@epactnetwork.com or call 1-855- 773-7228 ext. 1 to speak with ePACT's Customer Success Team.

Additional Questions: Please call the KASPER office 847-252-2888 or E-mail KASPER@parkfun.com



Date: _____

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A separate, original form must be completed for **each** participant.
This registration form is for: 1st child 2nd child 3rd child
Registration confirmation will be sent via email.

Child's Name: _____ Gender: M F Birth Date: _____

Child lives with: _____

School: _____ Child will be entering grade: _____ Fall 2019

(1) Guardian's Name: _____ Gender: M F Birth Date: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Address: _____

City: _____ Zip Code: _____

(2) Guardian's Name: _____ Gender: M F Birth Date: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Address: _____

(If different from child)

City: _____ Zip Code: _____

Account Email (One email per account): _____

(Receipts/Invoices/ePACT)

KASPER Program (AM and PM KASPER is held at the school your child attends)

5 Day AM 3 Days AM (check days): M T W TH F

5 Day PM 3 Days PM (check days): M T W TH F

Please select one of the following:

If my child's base school is at capacity, return my registration fee. I only want care at my child's base school.

If my child's base school is at capacity, place him/her at the overflow location. Registration will be placed in the lottery for their base school.

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Does your child have allergies? Yes No Please list:

Does your child take any medication? Yes No Please list:

Children requiring medication during program hours must have an authorization form completed through ePACT.

Americans with Disabilities Act: Special Needs? Yes No

List any medical condition/disability/diagnosis for your child:

List any accommodations necessary for your child:

Request an NWSRA aide: Yes No

Please list all emergency contacts authorized to pick up your child (other than persons listed on page 1):

ALL INFORMATION MUST BE COMPLETED.

Name: _____ Relationship: _____

Address: _____ Gender: M F Birth Date: _____

City: _____ Zip Code: _____ Contact Phone: _____

Name: _____ Relationship: _____

Address: _____ Gender: M F Birth Date: _____

City: _____ Zip Code: _____ Contact Phone: _____

Name: _____ Relationship: _____

Address: _____ Gender: M F Birth Date: _____

City: _____ Zip Code: _____ Contact Phone: _____

Guardian (1): _____ Guardian (2): _____
Print Name *Print Name*

Signature: _____ Signature: _____

Information pertaining to this registration and any/all changes will be made available only to the person(s) whose signature(s) appears on this form (ex: account statements/changes/any and all account information).