



2019 KASPER SUMMER CAMP NEW PARTICIPANTS

Registration runs from Monday, April 1st – Friday, April 19th

Completed Registrations:

- 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 Friday, April 19th
 - Community Recreation Center Building Hours 7:00 AM – 9:00 PM
- Scan & e-mail to kasper@parkfun.com (Must be received by 11:59PM of the deadline date)
- If you are submitting two or more registrations, or you would like your child to attend camp with a child from a different family, please submit registrations in one envelope.
- Confirmation of registration and camp locations will be emailed no later than April 30th, 2019

Summer Camp begins **Monday, June 10th** and ends **Friday, August 2nd** (8 weeks)

District 54 first day of school for 1st thru 6th is Monday, Aug 19th, 2019

District 54 first day of school for Kindergarteners is Monday, Aug 26th, 2019

Camp Fees: \$35.00 non-refundable registration fee per child due at time of registration

- 5 Day 1st Child = **\$220.00**
- 5 Day 2nd Child = **\$210.00**
- 3 Day 1st Child = **\$141.00**
- 3 Day 2nd Child = **\$135.00**

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.

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.

NEW TO KASPER!



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, or log-in if you already have an existing ePACT 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



2019 SUMMER KASPER CAMP REGISTRATION

Registration Deadline is Friday, April 19th, 2019

A separate, original form must be completed for each participant.

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

Child lives with _____ Child will be *entering* grade _____ in Fall 2019

Guardian's Name _____ Cell phone _____ Wk. phone _____

Address _____ Gender M ___ F ___ Birth Date _____

Town _____ Zip Code _____ Home Phone _____

Guardian's Name _____ Cell phone _____ Wk. phone _____

Address (if different from child) _____ Gender M ___ F ___ Birth Date _____

Town _____ Zip Code _____ Home Phone _____

****Account email** (Receipts/Invoices/ePACT) _____

(One email per account)

Does your child have allergies? ___ Yes ___ No Please List _____

Does your child take any medication? ___ Yes ___ No Please List _____

(Any children requiring medication during program hours must have an authorization form completed through ePACT)

AMERICANS WITH DISABILITIES ACT
SPECIAL NEEDS ___ YES ___ NO

Please list any medical condition/disability/diagnosis for this child _____

Please 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 above)

Name _____ Relationship _____

Address _____ Gender M ___ F ___ Birth Date _____

Town _____ Zip Code _____ Contact # _____

Name _____ Relationship _____

Address _____ Gender M ___ F ___ Birth Date _____

Town _____ Zip Code _____ Contact # _____

Name _____ Relationship _____

Address _____ Gender M ___ F ___ Birth Date _____

Town _____ Zip Code _____ Contact # _____

This registration is for: ___ 1st Child ___ 2nd Child ___ 3rd Child

Child's Name _____

To help assist with placement, please indicate a 1st and 2nd choice:

	Summer Camp Location	Entering Grade for 2019 – 2020
___	CRC (505 N. Springinsguth Rd)	Kindergarten and 1 st Grade
___	CRC (505 N. Springinsguth Rd)	1 st and 2 nd Grade
___	Bock (1223 W. Sharon Lane)	1 st and 2 nd Grade
___	Dooley (622 Norwood Ln)	2nd thru 6th Grade
___	Fairview (375 Arizona Blvd.)	2 nd thru 6 th Grade
___	Hoover (315 N. Springinsgth Rd.)	2 nd thru 6 th Grade
___	Frost Jr. High (320 W. Wise Road)	5 th and 6 th Grade

KASPER Summer Camp Weeks (Hours: 7:00 AM to 6:00 PM)

- Week 1 June 10 – 14 ___ 5 days ___ 3 days – please circle days M T W R F
- Week 2 June 17 – 21 ___ 5 days ___ 3 days – please circle days M T W R F
- Week 3 June 24 – 28 ___ 5 days ___ 3 days – please circle days M T W R F
- Week 4 July 1 – 3 ___ 3 days – please circle days M T W
No camp on July 4th and July 5th
- Week 5 July 8 – 12 ___ 5 days ___ 3 days – please circle days M T W R F
- Week 6 July 15 – 19 ___ 5 days ___ 3 days – please circle days M T W R F
- Week 7 July 22 – 26 ___ 5 days ___ 3 days – please circle days M T W R F
Bock Day is July 25th
- Week 8 July 29 – Aug. 2 ___ 5 days ___ 3 days – please circle days M T W R F

T-Shirt Size: Youth: ___ Sm ___ Med ___ Large Adult: ___ Sm ___ Med ___ Large ___

Guardian _____

Guardian _____

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) appear on this form (ex: account statements/any and all account information).

Office Use Only			
1 st Invoice	___	PA	___
2 nd Invoice	___	Registration	___
3 rd Invoice	___	NWSRA	___
		Auto pay	___
		FA	___
		Count	___
		Site copy	___
		Internal	___
		E-mail	___