



St. Charles Park District Registration Form - Baker Station

8 North Ave., St. Charles, IL 60174 • 630-513-6200 • Fax 630-513-9304 • eMail: chedlund@stcparks.org

Complete all information neatly and carefully. **Must create an ePACT account to complete medical/emergency contact information.**

FOR OFFICE USE ONLY	
Received By _____	_____
Date _____	_____

Main Contact - Last Name _____ First Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ - _____ - _____ Secondary Phone _____ - _____ - _____ E-mail _____

Please check this box if your child has a special need or request for a reasonable accommodation at least two weeks prior to the start of Baker Station. Please understand that failure to provide timely and appropriate notice of a special need and/or request for reasonable accommodation may result in a delay of the program.

Child's Name _____ Birthdate ____/____/____ Sex M F

Child's Name _____ Birthdate ____/____/____ Sex M F

Child's School _____ REQUESTED START DATE _____

2021-2022 School Year

Register Early & Save Money!

A non-refundable program deposit of \$50 is required. Deposit waived if registered by July 15.

Payment Options

1. Pay the non-refundable program deposit, if applicable, and full activity registration fee at the time of registration.
2. Pay the non-refundable program deposit, if applicable, and have the program balance split between monthly payments, automatically withdrawn from your bank account. Monthly payment information is required at the time of registration. Payments will occur on the 1st of each month beginning August through May.

- Electronic Check Payment (ECP): Monthly payments will be automatically debited from your checking or savings account.
- Credit Card Authorization (CCA): Monthly payments will be automatically charged to your credit card.

Program	One Payment*	Monthly**
5-Day	\$2,350	\$235
4-Day	\$2,100	\$210
3-Day	\$1,780	\$178
2-Day	\$1,200	\$120

*Based on ten (10) months August 2021 to May 2022

**If beginning the program after the start date, monthly fees may be different than posted.

Mark the days* of the week (minimum 2) your child will attend.

Baker Station Sites	Bussed School	MON	TUE	WED	THU	FRI
Bell Graham						
Davis (includes Richmond)	Richmond					
Ferson Creek						
Munhall (includes Anderson & Lincoln)	Anderson or Lincoln					
Wasco						
Wild Rose						

*Days must remain the same throughout the year.

TOTAL DAYS/WEEK _____

Liability Waiver Form

You are solely responsible for determining if your minor child/ward or you are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

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 waiving and releasing all claims for injuries, damages or loss which your minor child/ward or you might sustain as a result of participating in any and all activities connected with and associated with this program/activity including transportation services, when provided.

Signature of Participant or Parent/Guardian _____ Date _____

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.

PHOTOS: I understand that my child/ward or I may be photographed or videotaped while participating in a St. Charles Park District program or event. I give permission for photos and video of my child/ward or me to be used to promote the St. Charles Park District. Such photos/video will remain the property of the St. Charles Park District. Please call 630-513-6200 with any questions.

RESIDENCY RATE DISCLAIMER: Residency rates apply to anyone who lives within the St. Charles Park District boundaries. Final determination of residency will be made when processed by the Business Department, not at time of purchase.

NOTE: Credit card payment is required for FAX and eMail registrations. It is mutually understood that the FAX or eMail registration document (including the Waiver & Release of all Claims) shall substitute for and have the same legal effect as the original form.

Check # _____ (check one) Cardholder Name _____ Charge Amount _____

Card # _____ Exp. Date ____/____/____ CVV# _____ Signature _____