

BEFORE & AFTER SCHOOL RECREATION

Enrollment Schedule 2019-2020

Child's Name _____ Date of Birth _____
 Grade _____

Address _____ City _____ Zip _____

HomePhone _____ Email _____

Primary Guardian _____ Relationship to Child _____
 Cell Phone _____

Secondary Guardian _____ Relationship to Child _____
 Cell Phone: _____

Start Date _____

Please place a check mark under the name of the school your child attends:

SCHOOL	Field	Tarkington	Twain	Whitman

Please place a check mark in each box that applies to the schedule you are requesting for your child:

SCHEDULE	Monday	Tuesday	Wednesday	Thursday	Friday
AM (7:00-9:00 am)					
PM (3:30-6:00pm)					

For more information, call (847) 465-3333.

By signing this form, I confirm that my child is enrolled on a regular basis in the Before and After School program according to the schedule specified above. I understand that I am responsible for the monthly installment payments based on the days and times specified in this document. **Note:** Credit is not issued for illness, vacation or participation in other after-school activities (Scouts, intramurals, etc.) during these times. In addition, I understand that any changes to this schedule must be submitted to the CRC Guest Service Desk in writing on the appropriate Schedule Change Form and the appropriate fees will be billed.

I understand that three schedule changes are allowed per semester. Schedule changes beyond the three allowed will result in a \$7.00 service charge per change. Failure to comply or make payments will result in termination from the program.

 Parent/Guardian Signature

 Date