



## Hampshire Township Park District

### Extended Care Program Registration 2025-2026

[www.hampshireparkdistrict.org](http://www.hampshireparkdistrict.org)

182 S. State St.  
P.O. Box 953  
Hampshire, IL 60140  
847-683-2690  
Fax 847-683-1741

**Circle School / Code:** Hampshire Elementary School: 420301-B1 Gary D. Wright Elementary School: 420301-B2  
Big Timber Elementary School: 420301-B3

Child's Name (First and Last) \_\_\_\_\_ Grade (entering in the fall) \_\_\_\_\_  
Primary address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

**First Parent/Guardian** \_\_\_\_\_ Relation \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Primary Email \_\_\_\_\_

**Second Parent/Guardian** \_\_\_\_\_ Relation \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Primary Email \_\_\_\_\_

**A photo id is required at pick up. Only the persons listed above and below will be allowed to pick up your child.**

Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_  
Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Allergies, Illness or other Conditions** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child need to take medication during the program? \_\_\_\_\_ If yes, please complete a *Permission to Dispense Medication Form and Waiver*.

Does your child have a severe food allergy or have a prescribed Epi Pen? \_\_\_\_\_ If yes, please complete a *Food Allergy Action Plan*.

Does your child have Asthma and use medication for control/relief? \_\_\_\_\_ If yes, please complete an *Asthma Action Plan*.

**ADA Compliance:** Please notify staff at time of registration if your child requires special accessibility or accommodations for participation. Please describe any accommodation needed for successful inclusion into the program. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ETC Registration Fee** ☐ Resident \$80 ☐ Non-resident \$110 (March 3, 2025 - July 31, 2025)  
☐ Resident \$170 ☐ Non-resident \$200 (August 1, 2025 - April 2026)

**Morning Care** ☐ Yes ☐ No **Monthly Fee** \_\_\_\_\_  
**After School Care** ☐ Half Day ☐ Full Day ☐ M ☐ Tu ☐ W ☐ Th ☐ F **Monthly Fee** \_\_\_\_\_  
**Punch Pass** ☐ Half Day (\$150 for 10 punches) ☐ Full Day (\$270 for 10 punches)

Morning Care Fees*	Half Day After Care Fees*	Full Day After Care Fees*
5 Days \$234/month	5 days \$236/month	5 days \$362/month
	4 days \$211/month	4 days \$317/month
	3 days \$178/month	3 days \$256/month

Choose your days of the week (3, 4, or 5 days) and indicate half or full days. The days chosen will remain the same for the entire school year.

\*5% paid in full discount if paid at the start of the school year. Siblings receive a 10% discount. Registration Fee is due at time of registration.

**Payment:** Complete the Automatic Credit/Debit Authorization Form.

**Is anyone legally restricted from picking up your child?** ☐ Yes ☐ No

**If yes, who:** \_\_\_\_\_

\*please provide any court orders to the Recreation Manager

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

**IMPORTANT INFORMATION:**

*I have read, and fully understand the Important Information, Waiver of Release of All Claims & Assumption of Risk. I further understand that my signature is required below in order to participate in the Hampshire Township Park District programs. In addition, I agree to abide by all of the policies/procedures contained in the Parent Handbook.*

I have read the Parent Handbook and hereby agree to all policies, codes of conduct, and behavior management procedures as outlined. Initial

I have read the payment agreement and understand that I am fully responsible for payments to the program. Initial

**SIGNATURE OF PARENT/GUARDIAN**

**DATE**

**Hampshire Township Park District Waiver & Release**

The Hampshire Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Hampshire Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the reverse listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward 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.

**Warning of Risk**

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Hampshire Park District to guarantee absolute safety.

**Waiver and Release of all Claims and Assumptions of Risk**

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, listed on the reverse side you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Hampshire Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Hampshire Park District).

I do hereby fully release and forever discharge the Hampshire Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

PLEASE PRINT: Participant's Name

Parent/Guardian Signature  Date