

**After
School
Care**

Application 2026-27

www.vpdpark.org
(708)343-5270



Child's Name: _____ **Date:** _____

What School Does Your Child Attend? (Please Circle One)

D87: Whittier Riley or **D83:** Roy Scott Westdale

Private School: *Print _____

***Minimum of 5 children per school to provide transportation.**

What Grade Is Your Child? (Please Circle): K 1st 2nd 3rd 4th 5th

Days Per Week Attending (Please Circle): 2 Days 3 Days 4 Days 5 Days

Which Days Attending? (Please Circle): M T W Th F

Child's Start Date: _____

Accurate Information: It is important that we have correct information on all registration forms. If it is found that you have used an In-District address that is not the child's legal residence, your child will be dismissed from the activity/program. Phone numbers **MUST** be working numbers. If there is an emergency, it is imperative that we are able to reach a parent or legal guardian. Veterans Park District is **NOT** responsible for incorrect or inaccurate information that is provided at the time of registration. If your phone number changes, please pass that information on to the After School Director as soon as possible.

Who can make changes to your child's registration information if necessary (Change of name, contact information, etc)?

Name of Person: _____ Relation to Child: _____

Email Address: _____

Veterans Park District ASC Program Enrollment Form

Please print and fill out all sections completely

Child's Name: _____
Last First

Address: _____
City State Zip

Phone: _____ Gender M/F: _____ Date of Birth: ____/____/____ Age: _____ Grade: _____

Ethnic/Racial Group: White ☐ Black ☐ Hispanic/Latino ☐ Asian ☐ American Indian/Alaskan Native ☐
Native Hawaiian or Other Pacific Islander (PI) ☐ Other/Multi-racial ☐ _____
.....

Mother's Name: _____ **Phone#** _____

Address: _____ City: _____ Zip: _____

Employer: _____ Employer Address: _____ City: _____

Occupation: _____ Work Schedule: _____ Work # _____

*****Mother's Email Address:** _____
.....

Father's Name: _____ **Phone#** _____

Address: _____ City: _____ Zip: _____

Employer: _____ Employer Address: _____ City: _____

Occupation: _____ Work Schedule: _____ Work # _____

*****Father's Email Address:** _____
.....

Marital Status: Married ☐ Separated ☐ Divorced ☐ Single Parent ☐ Remarried ☐

Legal Guardian Parents Above: Yes ☐ No ☐ If No, Print primary parent name: _____
.....

Emergency Contacts/Authorized Pickup List: Please list **3 people** to call other than parents in case of necessity and are authorized to receive their child. Persons on list must have identification:

1. Name: _____ **Relationship:** _____ **Phone#** _____

Address: _____ City: _____ Zip: _____

2. Name: _____ **Relationship:** _____ **Phone#** _____

Address: _____ City: _____ Zip: _____

3. Name: _____ **Relationship:** _____ **Phone#** _____

Address: _____ City: _____ Zip: _____

Veteran Park District Preschool

Please print and fill out all sections completely

Child's Personal History

Child's Name _____ Date of Birth: ____/____/____

Does your child speak English? Yes ☐ No ☐ Understand English? Yes ☐ No ☐

Do parents speak English? Yes ☐ No ☐ Language Spoken at home: _____

Other children in family? Yes ☐ No ☐ If yes, list name and ages: _____

Child Resides with: Mother ☐ Father ☐ Other ☐ specify other: _____
(If parents are divorced, we require a copy of the current child custody agreement)

Child's Health History

Does your child have any **health conditions or medical needs**? If yes, please explain: _____

Does your child have any **special needs or require any accommodations**? _____

Does your child have any **ALLERGIES**? Yes ☐ No ☐ If yes, please explain: _____

Are there any **foods your child cannot eat**? _____

****If your child needs to substitute foods listed on our menus we must have a Medical Exception Statement For Food Substitution form completed by your child's physician. Please see the After School Director for form.*

Child's Physician: _____ **Office Phone#:** _____

Office Address: _____ **City:** _____ **Zip:** _____

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Emergency Care Release

I, _____, parent/guardian have enrolled my child in Veterans Park District preschool, and hereby authorize Dr. _____, my child's physician, or any other physician in his/her group practice, in my behalf to administer Emergency medical assistance to my child during a Park District activity. In the event the above doctor listed or any physician in his/her group practice is not available, I hereby authorize the Veterans Park District, their employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I provided accurate and all information regarding my child's medical needs and health conditions, therefore I know no reasons why my child should not participate in activities, except as noted above.

Parent/Guardian Signature: _____ **Date:** _____

Veterans Park District After School Care Tuition Instructions

- The Veterans Park District After School Care Program bills parents according to their child's program and schedule given at time of registration.
- Full tuition is due for scheduled program days whether or not your child is in attendance; Early Dismissal Days are \$30 per date.
- NO credit/refund is not given for absences, holidays, emergency closings, vacations taken by families, moving out of the area, weather, days missed due to illness or discontinuing in the middle of the school year. There are no tuition refunds given for partial attendance and switching days is not allowed. Please check the parent handbook for observed holidays and school breaks.
- Tuition payments are due monthly on **the 19th of each month, one month in advance**. The same monthly payment due dates also apply to families receiving assistance from Action for Children. If a payment is due during a Holiday Break, check to see which park locations are open for payment or you may pay before the break begins.
- Payment can be made in advance, however if a payment is late, **an additional \$30.00 per child** will be assessed every week payment is not made.
- Payments can be made with Cash, Check or Money Order (made out to Veterans Park District ONLY). We also accept Visa, MasterCard, AmEx or Discover.
- You may stop by any of the Veterans Park District registration offices to pay in person or call to pay over the phone. **It is strongly suggested you call before stopping in as hours and days open can vary per location.**
- A child will be placed on Pause (see pause procedure in parent handbook) after **2 weeks** of non-payment, unless a payment plan is approved by the After School Director and Executive Director.
- Parents/guardians/designee who is late picking up their child/children will be charged \$5.00 for the first 10 minutes from time of dismissal and \$2.00 for each additional minute.
- Should at any time, you need to discontinue from the program please contact the After School Director. We require a 2-week WRITTEN notice given to your child's teacher or emailed to the After School Director. This will allow us to transition the child out of the program properly. If notification of withdrawal is not given, billing will continue. If you would like to return to the program after withdrawing and space is still available, you must wait 6 weeks after your child's last day and re-register with a registration fee and first month's tuition.

The tuition due dates for the **2026-2027** school year will be as follows:

September Tuition	DUE AT REGISTRATION
October Tuition	Due by Friday, September 18 *19th falls on Weekend
November Tuition	Due by Monday, October 19
December Tuition	Due by Thursday, November 19
January Tuition	Due by Friday, December 18 *19th falls on Weekend
February Tuition	Due by Tuesday, January 19
March Tuition	Due by Friday, February 19
April Tuition	Due by Friday, March 19
May Tuition	Due by Monday, April 19

I have read and will abide by the After School Care Tuition Instructions

Parent/Guardian Signature: _____

Date: _____

After School Care Behavior Policy

After School Care plays a role in communicating to children how to treat their friends with respect as well as adults in helping build social skills. There may be times when children may not behave properly. For example: having difficulties sharing, disrupting activities, speaking disrespectfully to an adult, physical contact, etc. Therefore, our behavior policy is as follows:

FIRST BEHAVIOR INCIDENT: the park Counselors will explain to the child one-on-one why their behavior(s) is/are not accepted then **warn** the child that if the behavior(s) is/are demonstrated again they will have to sit out (One minute per year). A write up will be issued if the child receives another timeout or additional warnings that day for inappropriate behaviors

Report #1 will be written, and parent will sign.

SECOND BEHAVIOR INCIDENT: If the child repeats behavior(s) or does not follow the After School Care rules again, they will be placed on time-out (One minute per year of age). If an inappropriate behavior occurs after the first time-out another one will be issued, while After School Care counselor(s) inform the program director to determine if an early dismissal and/or PAUSE from program participation is approved by the Director of Recreation.

Report# 2 will be written, parent will sign and a parent with student meeting will be scheduled with After School Care Director or another assigned member of the ASC team for the next business day.

THIRD BEHAVIOR INCIDENT: If behavior(s) is/are repeated or child does not follow After School Care rules after the first time-out (One minute per year of age), a-behavior report will be written and the parent/guardian will be notified of their child's behavior by the Program Director or another assigned member of the ASC team to make parent/guardian aware the camper is being placed on PAUSE (1-3 camp days).

Report #3 will be written; parent will sign and their child will be placed on PAUSE (1-3 days) which may result in an early dismissal from the program. While the child is on PAUSE Program Director will submit a recommendation for termination, or continuation in the program for the review and approval of VPD's Director of Recreation and Executive Director.

Your child's behavior should be consistent with:

- **Cell phones must be turned off and put away; the park district is not responsible for lost or stolen items**
- Use of appropriate language at all times
- Cooperate with staff and follow directions
- Respect other children and staff, equipment and facilities, and yourself
- Keep a positive attitude
- Stay within program boundaries
- Absolutely no weapons or harmful materials allowed
- Respect others space by No hitting, pushing, shoving, kicking or spiting

I understand the above behavior policy: _____

Parent or Legal Guardian Sign and Date



Print Parent/Guardian Name: _____ Child's name: _____

Once the Executive Director provides direction. The After School Care Director will schedule FINAL mandatory meeting with the parent/guardian to share the decision made. If the child is allowed to continue, a Behavior Plan will be presented in the meeting by After School Care Director or another assigned member of the After Care leadership team. If **terminated** from the After School Care Program, the After Care Director will share the decision made at the discretion of VPD's Executive Director.

*If a child poses a direct threat to the health and safety of other children, staff or him/herself the parent of the child and the local police will be notified immediately. **Termination will be put into immediate effect**, at the discretion of the Director of Recreation and/or Executive Director.



Veteran Park District

Equipment, Excursions and Public Park Facilities Consent

Child's Name: _____ **Date:** _____

I/We authorize Veterans Park District to take my/our child on walking trips and to nearby public park facilities. I hereby grant permission for my child to use all the play equipment and participate in all the activities of the After School Care program. I/we understand such trips are under the supervision of Veterans Park District After School staff and that health and safety precautions are taken in compliance with DCFS standards for exempt licensure.

Parent/Guardian Signature: _____ **Date:** _____



After School Care No Firearms On-site Policy



There are “No Firearms” signs posted at all our entrances and exits. VPD patrons/staff may not possess a weapon at any park or facility. Possession or use of firearms include but are not limited to; rifles, handguns, BB guns, air rifles, paint ball guns, sling shots, and water balloon slingshots are strictly prohibited. If a child poses a direct threat to the health and safety of other children, staff or him/herself, the parent of the child and the local police will be notified immediately. Termination will be put into immediate effect, at the discretion of the Director of Recreation and/or Executive Director.

Parent/Legal Guardian is notified of this policy and is given to them at the time of registration.

PRINT Student Name(s): _____



I understand the above No-Firearms On-site policy:

PRINT below parent or legal guardian

Name: _____



Sign

Veterans Park District
After School Care Policy Agreement and
Parent Handbook Verification of Receipt

I read, understood, and agree to ALL the policies and procedures stated in the Veterans Park District After School Care Parent Handbook.

**From time-to-time policies and procedures are reviewed, changed and added.
If so, I understand I will receive any changes to my existing handbook.**

I _____
Parent/Guardian Name (Please print)

Parents of _____, hereby
Child's Name (Please print)

certify that I have received a copy of the parent handbook by Veterans Park District and will abide by all policies and procedures.

Parent/Guardian Signature _____

Date _____