

Illini Bluffs and Hollis Park District

Before and After Care Registration

Child's Information

Name	Gender	Date of Birth	Grade	Teacher

Child/Children lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian/Foster Parent

Parent/Guardians Information

	Mother ☐ IB Staff		Father ☐ IB Staff	
Name	DOB:		DOB:	
Address				
Phone	Home		Home	
	Cell		Cell	
	☐ Carrier:		☐ Carrier:	
	Work		Work	
	☐ Email:		☐ Email:	

Payment and Attendance Information

Please mark below when your child will be attending		Fees	
		Daily	Weekly
☐	Before School Only	\$12.00	\$50.00
☐	After School Only	\$15.00	\$65.00
☐	Before and After School	\$20.00	\$90.00
☐	Early Dismissal Days	\$25.00 AM & PM	\$20.00 PM Only

Payment is expected weekly and can be made with check or online at www.hollispark.org

Please mark below how payment will be made	
☐	Check or Money Order Weekly
☐	HPD Online account

I understand that payment is due when services are rendered, and that I will be responsible for payment at that time. I also understand I am responsible for any costs of collection (if necessary) such as collection fees, attorney fees, and court costs.

Parent/Guardian Signature: _____

Date: _____



Administration Office
 9424 S. Mapleton Road
 Mapleton, IL 61547
 309-697-2944 Press 1
 Website: www.hollispark.org

BAC Classroom @ IBES
 309-389-4682
 Janet O'Neill, Director
joneill@ib327.com



Child's Health Information

	Name	Address	Phone
Physician			

Current Medications	
Allergies	
Other Medical Concerns	

Emergency and Pick-Up Information

In addition to the parent(s)/guardians listed on the previous page, listed below are others who can be contacted in the event of emergency (if the parent/guardian cannot be reached) and are authorized to pick up the child.

Name	Phone	Relationship to Child

Parent/Guardian Consent

Waiver/Release:

Participant /parent will disclose any type of illness, fever, out of state/country travel or COVID 19 exposure before attending our program due to COVID 19 CDC guidelines. Initial: _____(Parent/Guardian if minor)

I hereby certify that I or as parent or legal guardian of the above named child, that I/he/she is in good health and capable of safe participation in this program/activity. I understand and assume all risk(s) and hazards incidental to the conduct of the program/activity including the transportation to and from the program/activity. I hereby authorize Illini Bluffs and Hollis Park District to obtain medical treatment for the child in the event that no parent(s) or legal guardians are available to consent to said treatment. Initial:_____
 _____(Parent/Guardian)

I support the Hollis Park District philosophy, which is based on participation, fun, physical fitness and health, skill development, team-work, fair play, family involvement, character development and volunteer leadership.
 Initial:_____ (Parent/Guardian)

I hereby grant permission for pictures and/or videos to be taken of myself/my child during this program for future promotional use for no consideration. Initial:_____ (Parent/Guardian)

I agree to hold Illini Bluffs and Hollis Park District, and its officers, directors, employees and agents harmless from any losses and damages to myself/my child resulting from participation in these activities. Initial:_____ (Parent/Guardian)

Field Trip Permission:

I/We hereby give permission for _____ to attend all field trips as part of the Before and After School Program with Illini Bluffs and Hollis Park District. Initial:_____ (Parent/Guardian)

Parent/Guardian Signature: _____ Date: _____

COMPLETED FORM MUST BE RETURNED to the BEFORE & AFTER CARE STAFF BEFORE PARTICIPATING.