



1925 Ohio St., Lisle, IL 60532

630-964-3410 - www.lisleparkdistrict.org



2020-2021

REGISTRATION PACKET

BEFORE AND AFTER SCHOOL PROGRAM

FOR K-5TH GRADE STUDENTS OF

LISLE 202 SCHOOLS

Registration

The EDGE Program is open to any child in Kindergarten through 5th grade that attends Lisle Elementary School. The school year is divided into two semesters. The first semester runs until December 22, 2020. Second semester is from January 6, 2021 until June 3, 2021 (or last full day of school). **All participants must re-register for the second semester before January 4, 2021.**

How to Register

To register for the EDGE Program, please fill out the form at the end of this packet and email it to mljayne@lisleparkdistrict.org or drop it off at the Recreation Center. These forms should not be given to the school office. You will receive a phone call or email to confirm when the registration is complete.

EDGE Program Locations and Times

Location	Days	AM Time	PM Time
Lisle Recreation Center (Grades K-1)	Monday—Friday	7:00am-8:30am	1:30-6:00pm
Lisle Recreation Center (Grades 2-5)	Monday, Tuesday, Thursday, Friday	7:00am-8:30am	3:15-6:00pm

*All programs are contingent on meeting the registration minimums.

Weekly Schedule

Families will commit to the same schedule each week at the time of registration. You can choose to attend anywhere between one and five days each week. At the time of registration, you will choose how many and which days. For example, you can choose three days/week and select Tuesdays, Thursdays and Fridays for the semester. Children may only attend the days that they are registered for and refunds will not be given for missed days.

Schedule Changes

Enrolled participant schedule changes will be accepted, based on availability, for a \$10.00 schedule change service fee. If you are reducing the number of days needed, the credit for the unused days will apply to the next month. Schedule changes must be made at least one week in advance. To change your schedule, call or email Jill Jehs at jjehs@lisleparkdistrict.org or at 630-886-2265.

Withdrawing from the Program

You can start the withdrawal process by emailing Jill Jehs, Youth and Early Childhood Manager at jjehs@lisleparkdistrict.org. Future payments will be stopped for the program, but no refunds will be issued. Withdrawal requests must be made before the next automatic payment being processed.

EDGE Daily Fees

Days off school such as holiday breaks, institute days and federal holidays are not charged in the monthly tuition. There are no flat rates or annual fees, just the daily fee. Your fee will not change if the days off of school affect your daily rate. For example, if you are registered for 5 days/week but there are two days off of school in one week, you will still get the 5day/week daily rate. The daily rates are listed below.

EDGE Daily Fees		
Grades K-5 AM Fee	Grades K-1 PM Fee	Grades 2-5 PM Fee
\$8.00/Day	\$18.00/Day	\$16.00/Day

Payments

The first monthly payment is due at the time of registration and is non-refundable. Payments for the remaining months will be automatically charged on the 1st of that month. A valid credit card must remain on file to process these payments. Delinquent accounts may result in dismissal from the program. If you need to discuss other payment arrangements, please email Jill Jehs at jjehs@lisleparkdistrict.org.

Inclusion Assistance

The Lisle Park District works with SEASPAR to provide reasonable accommodations to participants who need it. If your child requires inclusion assistance or other reasonable accommodations, please note that on your registration form. We advise a two week in advance notice in order to secure an inclusion aide. You will get a confirmation from the park district when an aide has been secured.

EDGE AM/PM PROGRAM REGISTRATION FORM

EMAIL OR DROP OFF FORM AT:

Lisle Park District - 1925 Ohio Street, Lisle, IL 60532
Attn: Mary Liz Jayne | mljayne@lisleparkdistrict.org

Last Name..... First Name..... Date...../...../.....
 Street Address..... City..... Zip.....
 Home Phone (.....)-..... Work Phone (.....)-..... Cell Phone (.....)-.....
 Birthdate (mm/dd/yyyy)/...../..... Email Add me to the e-newsletter list Yes No

Participant's Full Name	EDGE AM/PM Days (Check all that apply)	Grade	Sex	Birthdate (MM/DD/YYYY)	Office Use Only
	AM: <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F PM: <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				
	AM: <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F PM: <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				
	AM: <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F PM: <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				
	AM: <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F PM: <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				

Email registration form to Mary Liz Jayne at mljayne@lisleparkdistrict.org.
To begin at start of school year, form is due by October 15.

This section must be filled out if you are using VISA, MasterCard or Discover.

Cardholder Name
 Last 4 Digits of CC CVC Code Expiration Date/.....
 Amount Charged \$.....
 Authorized Signature

OFFICE USE ONLY

Location #
 Total Charged
 Paid By: D M V C K S Initials:

Do participant(s) require assistance or accommodations to participate in any programs? Yes No

If yes, please explain: _____

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, 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 Lisle Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: 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 you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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 that may accrue to me or my child/ward) as a result of participating in this program/activity against the Lisle Park District, including its officers, officials, agents, volunteers and employees, and the Village of Lisle, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties 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 this program/activity.

PHOTOGRAPHS: Photographs and videos are taken of participants to use for promotional purposes. By registering for a program, you have granted us permission to use your image for promotional purposes, unless otherwise stated.

I have read and fully understand the above important information, warning of risk, assumption of risk, and waiver and release of all claims. If registering online or via fax, your online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Signature..... Date...../...../.....
(18 years or older or Parent/Guardian)