



BUFFALO
GROVE
PARK
DISTRICT

Dear Parent/Guardian,

Thank you for your interest in the Pod Squad Hybrid learning program. The Buffalo Grove Park District has partnered with District 96 to accommodate the recent transition to a Hybrid learning schedule. The purpose of this program is to provide working families an opportunity to enroll their children in a safe, supervised, and quiet environment where they can complete their half day remote learning. Participants will be assigned to a Park District facility to complete their remote learning. Site assignments will be sent out after the registration deadline. The Park District is committed to following all COVID-19 guidelines as recommended by Illinois Department of Public Health and the Center for Disease Control. We are excited to have you as a part of our program and are ready to meet the needs of you and your family.

Enclosed is the registration packet including the necessary documents to complete the registration process. Please fill out each document completely. Registration forms submitted with missing information will not be accepted. Forms may be mailed, faxed or dropped off at the Alcott Center located at 530 Bernard Drive in Buffalo Grove. Due to internet security precautions, credit card and payment information are not accepted via email, unless you have previously registered for the Clubhouse program for the 20 – 21 school year. Registration forms will be accepted on a first come, first serve basis. **Pod Squad and Clubhouse will begin on October 19, 2020.**

The Park District will also offer Clubhouse both before and after their Hybrid learning day for participants who need extended care. Clubhouse attendance options include morning service, afternoon service, or a combination of both. **Though attendance is determined by the needs of each participant there is a 3 day minimum requirement for each service (before and/or after).** Participants who choose to enroll in Clubhouse will be transported by District 96 from Willow Grove to a Park District facility. Site assignments will be sent out after the registration deadline. All participants will be required to choose a pre-determined schedule that can only be changed if facility space, transportation, and staffing allows; in all cases, such requests will be handled on an individual basis by the Park District and the School District.

Please feel free to contact us with any questions or concerns.

Regards,

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amanda@bgparks.org

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BUFFALO
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District 96: Kindergarten Pod Squad Registration Form 2020 – 2021

Child's Name: _____ School: _____

Grade: _____ Age: _____ Gender: _____

Birth Date: _____ In-Person Learning Assignment: AM PM

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____ Cell: _____ Work: _____

Parent/Guardian Name: _____ Cell: _____ Work: _____

Primary Email Address: _____ Secondary Email Address: _____

Alternate Local Contact: _____ Cell: _____

Does your child/ward have any allergies or other medical information Park District staff or emergency personnel should be aware of, as well as any further information that you believe will be helpful to staff in understanding and caring for your child/ward: _____

Does your child/ward need NWSRA inclusion assistance? Please Describe: _____

Will medication need to be given during Pod Squad hours? No Yes ** If yes, please complete Medication Dispensing Information Form at bgparks.org.

Waiver and Release Of All Claims

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs. I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services.

Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website, social media and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward. I have read and fully understand the program details and waiver and release of all claims.

Parent/Guardian Signature: _____ Date: _____

IF YOU WOULD LIKE TO REGISTER FOR CLUBHOUSE BEFORE/AFTER CARE PLEASE FILL OUT THE CLUBHOUSE REGISTRATION INFORMATION FOUND ON PAGE #4



Child's Name: _____ School: _____

The people listed below will be the only persons allowed to pick-up the participant besides the parents/guardian listed on the specified program registration form; unless court ordered documentation is provided to show otherwise.

Under no circumstances will a child be released to any other person than those listed below unless the Park District is given permission in writing by one of the participant's parents/guardians.

The staff will ask for identification from the person picking up your child, so please make sure that every person listed below has some form of photo identification with them.

1. Name: _____ Relationship To Child: _____

Cell: _____ Alternate Number: _____

Is available for pick-up within 30 minutes

2. Name: _____ Relationship To Child: _____

Cell: _____ Alternate Number: _____

Is available for pick-up within 30 minutes

3. Name: _____ Relationship To Child: _____

Cell: _____ Alternate Number: _____

Is available for pick-up within 30 minutes

4. Name: _____ Relationship To Child: _____

Cell: _____ Alternate Number: _____

Is available for pick-up within 30 minutes

5. Name: _____ Relationship To Child: _____

Cell: _____ Alternate Number: _____

Is available for pick-up within 30 minutes

6. Name: _____ Relationship To Child: _____

Cell: _____ Alternate Number: _____

Is available for pick-up within 30 minutes

Parent/Guardian Signature: _____ Date: _____



BUFFALO GROVE PARK DISTRICT

District 96: Kindergarten Clubhouse Registration Form 2020 – 2021

CLUBHOUSE INFORMATION

- Though attendance is determined by the needs of each participant, there is a **3 day minimum requirement for each service** (before and/or after).
- All participants will be required to choose a pre-determined schedule that can only be changed if facility space, transportation, and staffing allows; in all cases, such requests will be handled on an individual basis by the Park District. Clubhouse registration will be due at the same time as the Pod Squad registration form.
- Although District 96's hybrid plan allows students to return to in-person learning on October 15, Clubhouse will not begin until October 19, 2020.
- Due to the mid-month start date, October's Clubhouse tuition will be manually calculated. Once your fee is calculated, Park District staff will email each participant with the invoice amount to be charged on the October 15, 2020.

Child's Name: _____ School: _____

In-Person Learning Assignment: AM PM

Does your child/ward have any allergies or other medical information Park District staff or emergency personnel should be aware of, as well as any further information that you believe will be helpful to staff in understanding and caring for your child/ward: _____

Does your child/ward need NWSRA inclusion assistance? Please Describe: _____

Will medication need to be given during Pod Squad hours? No Yes ** If yes, please complete Medication Dispensing Information Form at bgparks.org.

CLUBHOUSE SCHEDULE

There is a 3 day minimum requirement for each service (before and/or after).

Mornings: Monday Tuesday Wednesday Thursday Friday

Afternoons: Monday Tuesday Wednesday Thursday Friday

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs. I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services.

Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website, social media and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward. I have read and fully understand the program details and waiver and release of all claims.

Parent/Guardian Signature: _____ Date: _____



District 96: Kindergarten Pod Squad & Clubhouse Fee Chart

POD SQUAD HOURS & FEES

- AM Pod Squad Hours (for participants who were assigned to PM in-person learning) : 8:15 am – 12 pm
- PM Pod Squad Hours (for participants who were assigned to AM in-person learning): 11:15 am – 3:00 pm
- Fees: \$19 per child/per day

AM Kindergarten Pod Squad Monthly Tuition Totals		
Month	School Days Per Month	Billing Total
October	10	\$190
November	15	\$285
December	14	\$266
January	19	\$361
February	19	\$361
March	17	\$323
April	18	\$342
May	20	\$380

PM Kindergarten Pod Squad Monthly Tuition Totals		
Month	School Days Per Month	Billing Total
October	10	\$190
November	15	\$285
December	14	\$266
January	19	\$361
February	18	\$342
March	17	\$323
April	19	\$361
May	19	\$361

CLUBHOUSE HOURS & FEES

- AM Clubhouse Hours: 7 am – 8:15 am
 - Participants who are registered for AM In-Person Learning and AM Clubhouse will need to be dropped off at their assigned Park District facility no later than 7:45 am to ensure enough time for transportation to Willow Grove.
- PM Clubhouse Hours: 3 pm – 6 pm.

*Participants must be registered for the Pod Squad Program to attend both AM & PM Clubhouse

Number Of Days Per Week	AM or PM	Credit/Debit	EFT Electronic Fund Transfer
3	AM	\$80	\$75
3	PM	\$191	\$186
3	AM & PM	\$271	\$266
4	AM	\$106	\$101
4	PM	\$255	\$250
4	AM & PM	\$361	\$356
5	AM	\$119	\$114
5	PM	\$285	\$280
5	AM & PM	\$404	\$399



District 96: Kindergarten
Pod Squad & Clubhouse
Credit Card Payment Form 2020 – 2021

Child's Name: _____ School: _____

Address: _____ City: _____ Zip: _____

I am responsible for the **TOTAL** monthly tuition amounts listed on the Pod Squad/Clubhouse Fee Charts, in addition to the monthly Clubhouse tuition amount of: \$_____ (if applicable), which will be debited on the 1st or 15th of each month. In the event of any absences during program hours/activities, I will be responsible for fees for time reserved, not actual time spent at the program.

I would like my monthly tuition deducted on the 1st of each month.

I would like my monthly tuition deducted on the 15th of each month.

CREDIT CARD AUTOMATIC PAYMENT AGREEMENT

All declined payments are subject to a \$25 decline fee. If a parent/guardian is delinquent on a child's account, and does not submit payment within one week of the delinquency, the child will be temporarily removed from the program until the account is paid in full. If a credit card payment is declined, payment must then be resubmitted in the form of cash, money order, check, cashier's check or an alternative credit card.

If you wish to discontinue your credit card automatic payment agreement and pay in full, report your credit card lost, stolen or compromised, provide an updated expiration date or if you wish to change to a different credit card, you must fill out a new Payment Agreement Form within five business days prior to the posting date.

Cardholder Name: _____

Credit Card Number: _____ Exp. Date: _____

I (we) give permission for the Buffalo Grove Park District to charge the amount from the account indicated, on the 1st or 15th of each month, beginning on: _____ and ending upon program conclusion.

Credit Card Tuition Payment Authorized Signature: _____ Date: _____

For Office Use Only

Month	Pod Squad Total	Clubhouse Total	Payment Total	Finance Initials
October				
November				
December				
January				
February				
March				
April				
May				



BUFFALO
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District 96: Kindergarten
Pod Squad & Clubhouse
Electronic Fund Transfer Payment Form 2020 – 2021

Child's Name: _____ School: _____

Address: _____ City: _____ Zip: _____

I am responsible for the **TOTAL** monthly tuition amounts listed on the Pod Squad/Clubhouse Fee Charts, in addition to the monthly Clubhouse tuition amount of: \$_____ (if applicable), which will be debited on the 1st or 15th of each month. In the event of any absences during program hours/activities, I will be responsible for fees for time reserved, not actual time spent at the program.

I would like my monthly tuition deducted on the **1st** of each month.

I would like my monthly tuition deducted on the **15th** of each month.

Direct Debit Tuition Payment Agreement – please attach a voided blank check

All declined payments are subject to a \$25 decline fee. If a parent/guardian is delinquent on a child's account, and does not submit payment within one week of the delinquency, the child will be temporarily removed from the program until the account is paid in full.

If you wish to change the form of payment from automatic withdrawal to credit card debit, or to another account, you must fill out a new Payment Agreement Form within five business days prior to the posting date.

I (we) authorize Buffalo Grove Park District, to initiate debit entries to my (our) checking/savings account indicated below and the bank named below, hereinafter called "Institution", to debit the same such account. I (we) further authorize Buffalo Grove Park District to initiate credits to my (our) account to correct any errors and "Institution" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until Buffalo Grove Park District and "Institution" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Buffalo Grove Park District and "Institution" a reasonable opportunity to act on it prior to withdrawing or depositing to the account.

Check bank account you want your payment withdrawn from: Checking Savings

Name(s) on Bank Account: _____ Bank Account Number: _____

Bank Transit ABA (Routing Number): _____

I (we) give permission for the Buffalo Grove Park District to charge the amount from the account indicated, on the 1st or 15th of each month, beginning on: _____ and ending upon program conclusion.

Direct Debit Tuition Payment Authorized Signature: _____ Date: _____

For Office Use Only

Month	Pod Squad Total	Clubhouse Total	Payment Total	Finance Initials
October				
November				
December				
January				
February				
March				
April				
May				



District 96: Kindergarten Pod Squad & Clubhouse Acknowledgment 2020 - 2021

Child's Name: _____ School: _____

Pod Squad Parent Handbook Acknowledgment

The Pod Squad Parent Handbook is attached to this email. I recognize and acknowledge that I have read and understand the Pod Squad Parent Handbook of the Buffalo Grove Park District. I agree to adhere and abide by the policies and procedures outlined in the handbook.

Parent/Guardian Signature: _____ Date: _____

Clubhouse Parent Handbook Acknowledgment

The Clubhouse Parent Handbook can be found online at <http://bgparks.org/program/clubhouse.aspx>. I recognize and acknowledge that I have read and understand the Clubhouse Parent Handbook of the Buffalo Grove Park District. I agree to adhere and abide by the policies and procedures outlined in the handbook.

Parent/Guardian Signature: _____ Date: _____

Remote Learning Acknowledgments – please initial next to each item

_____ I understand that Pod Squad and Clubhouse are run solely and exclusively by the Buffalo Grove Park District and not by the school district, which is a wholly separate entity. The Buffalo Grove Park District is not licensed or regulated by DCFS. The Buffalo Grove Park District provides recreational programming, not educational or school instruction, though the Park District will set aside time for participants to complete homework and/or receive remote learning instruction solely controlled by their respective school district.

_____ I understand that the Buffalo Grove Park District does not have nurses or other school staff, does not receive the funding (federal or state) that schools receive, and is not subject to statutes, regulations or requirements that are applicable to schools. As a result, the Buffalo Grove Park District will not be able to administer medical and psychological services that schools and school nurses typically provide, but will make reasonable accommodations as discussed below and in our ADA policy.

_____ I understand that the Buffalo Grove Park District is not subject to individualized education plans (IEP's) and/or Section 504 of the Rehabilitation Act (504 Plans) or other services that schools may be responsible for providing. The Buffalo Grove Park District employees and volunteers will provide reasonable accommodations to ensure a comfortable and appropriate environment for all participants, except when doing so would lead to a direct threat of safety.

_____ I understand that the Buffalo Grove Park District employees and volunteers are not Illinois state licensed teachers and, while they will do their best to support my child/ward with their learning needs, are there to facilitate recreational programming.

_____ I understand that the Buffalo Grove Park District is offering space and time to support my child/ward's remote learning, but is not responsible for any uncompleted work, or any unattended classes.

_____ I understand that I, parent/guardian, am responsible for my child/ward's learning and ensuring school work is complete and submitted per the requirements of my child/ward's teacher.

_____ I understand that I, parent/guardian, will need to send my child/ward with the necessary technology (i.e. remote learning device, headphones, charger(s), etc.) to use during the remote learning day, as specified by my child/ward's school. I also understand that if my child/ward forgets a pertinent piece of their remote learning equipment, the Park District is unable to provide any alternate equipment, which may result in my child/ward being unable to attend/complete remote learning. I understand that my child/ward is responsible for the safekeeping of their property and devices and that the Buffalo Grove Park District shall not be responsible for lost or stolen property.

_____ I understand that my child/ward is subject to following their school district's device, technology and internet acceptable use policies. While at the Buffalo Grove Park District, my child/ward is also subject to the program specific technology policies. While the Buffalo Grove Park District employees and volunteers will be monitoring daily participation, it is my, the parent/guardian's, responsibility to ensure these policies are being followed.

_____ I understand that the Buffalo Grove Park District is not responsible for any lost, stolen or damaged items.

Parent/Guardian Signature: _____ Date: _____