



BUFFALO  
GROVE  
PARK  
DISTRICT

Dear Parent/Guardian,

Thank you for your interest in the Pod Squad remote 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 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 cannot be 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.

The Park District will also offer Clubhouse both before and after the in-person and remote learning days 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 2 day minimum requirement for each service (before and/or after).** Participants who choose to enroll in Clubhouse will be transported by District 96 to/from their elementary school to their assigned 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.

Due to the staggered start dates, **Pod Squad and Clubhouse will begin on the date listed in the Pod Squad & Clubhouse Information Packet based on your child's return date to school.**

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

Regards,

Amanda Busch  
Recreation Supervisor  
847.850.2134  
[amanda@bgparks.org](mailto:amanda@bgparks.org)

Liz Sass  
Program Specialist  
847.850.2136  
[liz@bgparks.org](mailto:liz@bgparks.org)

Allison Oberst  
Recreation Supervisor  
847.850.2146  
[allison@bgparks.org](mailto:allison@bgparks.org)



# Buffalo Grove Park District Pod Squad Registration Form 2020 – 2021

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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](http://bgparks.org).

### Pod Squad Schedule

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: \_\_\_\_\_

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 Pod Squad & Clubhouse Payment Form 2020 – 2021

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that I am responsible for the tuition amount(s) indicated on my monthly invoice(s), which will be debited at the end 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.

**Credit Card Automatic Payment Agreement** (only select one option)

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: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I (we) give permission for the Buffalo Grove Park District to charge the tuition amount(s) indicated on my monthly invoice(s) from the account indicated, at the end of each month, beginning on: \_\_\_\_\_ and ending upon program conclusion.

Credit Card Tuition Payment Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 tuition amount(s) indicated on my monthly invoice(s) from the account indicated, at the end of each month, beginning on: \_\_\_\_\_ and ending upon program conclusion.

Direct Debit Tuition Payment Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



BUFFALO GROVE PARK DISTRICT

# Buffalo Grove Park District Clubhouse Registration Form 2020 - 2021

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 must be enrolled in Pod Squad to enroll in Clubhouse. All participants will be required to choose a pre-determined schedule that can only be changed if facility space 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.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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 **Clubhouse** hours?  No  Yes \*\* If yes, please complete Medication Dispensing Information Form at [bgparks.org](http://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: \_\_\_\_\_



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# Buffalo Grove Park District Acknowledgment Form 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: \_\_\_\_\_