

Updated: 07/28/2024



**WAUKEGAN PARK DISTRICT**  
1324 GOLF ROAD • WAUKEGAN, IL 60087-4831 • PHONE (847) BIG-PARK • PHONE (847) 244-7275 • WWW.WAUKEGANPARKS.ORG

Dear Parent or Guardian,

Thank you for choosing the Waukegan Park District's Before and After School Experience (B.A.S.E.) program as your child's before or after-school location. This program is for children in grade K-5. We are excited to have your child(ren) in our program and look forward to an exciting school year.

**The Waukegan Park District requires that all families complete this entire packet of information and turn it in at the time of your in-person registration.** All medical forms must be filled out. If an area does not apply to you, please mark N/A on the form. Please keep in mind there is a 5-business day waiting period from registration to start date for each child to attend the program. **This is an APPLICATION PROCESS. Please submit the application packet to Julia Sanchez via email or by dropping it off at the Field House Sports, Fitness, and Aquatics Center and you will receive an email from Julia with more information.**

#### Legal Guardian Checklist of Forms

- B.A.S.E. Application Form & \$30 non-refundable application fee, first months tuition, & last months tuition
- Acknowledgement to Participate
- B.A.S.E. Pick-up Authorization
- Authorization to Participate
- General Medical Information Form
- Participant Care & Consideration Section
- General B.A.S.E. Waiver
- Waukegan School District #60 Alternate Transportation Application

**FINANCIAL AID:** If you plan on receiving financial support from an outside source, please read the financial aid section on the registration form.

For program questions, please call the Waukegan Park District at (847) 360-4700. Thank you for your understanding and cooperation.

Julia Sanchez  
Recreation Supervisor – General Recreation  
Phone: (847) 360-4707  
[jrsanchez@waukeganparks.org](mailto:jrsanchez@waukeganparks.org)



# WAUKEGAN PARK DISTRICT

## B.A.S.E Before/After School Program



### APPLICATION FORM 2024-2025

\*for participants in grades K-5\*

STAFF USE

Date Received	_____
All forms Checked	_____
Participant Care Reviewed	_____
Medications Reviewed	_____
Manager Reviewing	_____
Date of Final Review	_____

#### STEPS TO REGISTER – Application Process starting July 15<sup>th</sup>, 2024

1. You can apply in-person or contact Julia Sanchez at 847-360-4707 for application information and complete application. You can call to verify that the program is running (must have minimum registration). **THERE IS A 5-BUSINESS DAY WAITING PERIOD FROM REGISTRATION TO START DATE FOR EACH CHILD TO ATTEND THE PROGRAM.**
2. Complete Park District Application Forms and submit to Julia Sanchez via email to [jrsanchez@waukeganparks.org](mailto:jrsanchez@waukeganparks.org) or by dropping them off at the Field House Sports, Fitness, and Aquatics Center, 800 Baldwin Ave, Waukegan, IL 60085.
3. Once approved, you will be notified to make payments online or pay in person at any Waukegan Park District facility.

#### SIBLING DISCOUNTS

- Families with more than one child living in the same household will receive a discount for each additional child in the same program. Eligible programs include: B.A.S.E., W.H.O., Holiday Adventures, and Spring Break Adventures Programs. Registration must take place in person to qualify for these discounts.

**START DATE FOR YOUR CHILD(REN) WILL BE CONFIRMED 5-BUSINESS DAYS AFTER APPLICATION SUBMISSION TO JULIA SANCHEZ**

PROGRAM	Sibling fee for first child Res/Non-Res	* Sibling fee for each Additional Child Res/Non
BASE Before School Early	\$193per month	\$173 per month
BASE Before School Late	\$210 per month	\$190 per month
BASE After School Early	\$215 per month	\$195 per month
BASE After School Late	\$204 per month	\$184 per month
We Have Off Days	\$35/\$44 per day	\$30/39 per day
Holiday Adventures	\$35/\$44 per day	\$30/\$39 per day
Spring Break Adventures	\$35/\$44 per day	\$30/\$39 per day

#### Program Fee Information

- A **\$30** application fee, as well as the first and last month tuition payment is due at the time of registration for the B.A.S.E. program. **The application fee is NOT refundable.**
- Bus transportation might be delayed for two weeks from the day the application is submitted and have been approved.
- If a child cannot attend the program, tuition is refundable only as long as the Waukegan Park District is notified in writing by the 25th of the prior month. Make checks payable to the Waukegan Park District.
- Tuition is **DUE on the first of the month** for each consecutive month your child is enrolled in the B.A.S.E. program. Please contact Julia Sanchez should there be an issue in making a payment.

#### **Financial Assistance:**

- Students who receive financial support from another source need to provide the official financial support approval letter to the District at the time of registration in order to enroll with no registration fees. Many approval letters are sent directly to the District and are only filed at the Belvidere Recreation Center. Parent/Guardian should always bring their copy of the approval letter with them just in case the District has not yet received its approval letter for the child.

*Belvidere Recreation Center is located at 412 S. Lewis Ave. and is open Monday-Friday from 9am-4pm for B.A.S.E. payments through August 9, 2024. After this date payments can be made at the Field House, Jack Bennt Center during operating hours, or by appointment with Julia Sanchez*

- Once you are registered for the program, B.A.S.E. payments can be made on-line at [www.waukeganparks.org](http://www.waukeganparks.org). You will need to set up a Park District on-line profile. Activation of your account may take up to 24hrs to be approved.**

**Note:** The information and details gathered in this packet are collected solely for registration of the B.A.S.E. program and services through the Waukegan Park District. The records are maintained privately by the Waukegan Park District and will be properly disposed of thereafter in a manner that protects the privacy and confidentiality of the participants and families approved by State regulations.

#### Application Instructions

# WAUKEGAN PARK DISTRICT

## B.A.S.E Before/After School Program APPLICATION FORM 2024-2025

PLEASE ANSWER COMPLETELY ALL SECTIONS OF THE APPLICATION PACKET  
If something is not applicable on the medical forms initial and put N/A in that section of the form.

**I understand that B.A.S.E. payments are due on or before the first of each month.** I understand that if my payment is not paid by the first of the month, a service charge of \$1 per day will be charged. If payment is not paid by the 5<sup>th</sup> day of the month, on the 6<sup>th</sup> day a \$10 late fee will be charged. The Waukegan Park District reserves the right to suspend or cancel enrollment for outstanding balances that have not been paid by the first of the month. (Initials)

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Sex:**  M  F

**SCHOOL CHILD ATTENDS:** \_\_\_\_\_ (Check)  Late or  Early Release?

**Legal Guardian 1 (First & Last Name):** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ (If different from child)

**Legal Guardian 2 (First & Last Name):** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ (If different from child)

**Email Address:** This helps us communicate with you better: \_\_\_\_\_

**In an emergency situation, every effort will be made to reach a legal guardian first. The emergency contact will only be called if a legal guardian cannot be reached in a reasonable period of time.**

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact Phone:** \_\_\_\_\_

BEFORE CARE:		School District Calendar Followed	
<input type="checkbox"/>	<b>Before School Program-Early Start</b> MO-FR 8/12-5/23 7-8:30am	#50502201 Reg. is ongoing \$193/mo	-1A
<input type="checkbox"/>	<b>Before School Program-Late Start</b> MO-FR 8/12-5/23 7-9am	#50502201 Reg. is ongoing \$210/mo	-1B

AFTER-CARE:		School District Calendar Followed	
<input type="checkbox"/>	<b>After School Program-Early Release</b> MO-FR 8/12-5/23 3:30-6pm	#50502202 Reg. is ongoing \$215/mo	-1A
<input type="checkbox"/>	<b>After School Program-Late Release</b> MO-FR 8/12-5/23 4-6pm	#50502202 Reg. is ongoing \$204/mo	-1B

**I HAVE READ AND AGREE TO THE ABOVE INFORMATION CONTAINED IN THIS APPLICATION.**

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

WAUKEGAN PARK DISTRICT

# WAUKEGAN PARK DISTRICT

This form MUST be completed and returned as part of your registration packet.

## Acknowledgement To Participate

My child is enrolled in Waukegan Public Schools in a grade between Kindergarten and 5<sup>th</sup> grade at the time of registration.

(Initials)

My child is toilet trained and can use facilities on their own. (Initials)

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## B.A.S.E. Pick-up Authorization:

*Print Participant Name*

Please list everyone authorized to pick-up your child from B.A.S.E. **THIS INCLUDES LEGAL GUARDIANS!** Your child will only be released to those individuals on this list. **Government ID is required at pick-up.** If you need to add or remove a person from this list, you may do so at any time in writing.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

## Authorization To Participate

I authorize this child to participate in the Waukegan Park District B.A.S.E. Program and any on-site and off-site activities that are included. A Park District van will be used for transportation. (Initials)

I agree to pay any payment balances and fees by the deadlines set forth in the Waukegan Park District (WPD) Brochure / Handbook. I understand that failure to make payments on time or violations of any procedures set forth in the WPD Brochure/Handbook can result in forfeit of my deposits and any reserved spaces in the WPD B.A.S.E. program. (Initials)

In the event of an emergency, I authorize Park District staff to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered. (Initials)

I understand that the facility and program is not licensed or regulated by DCFS. B.A.S.E. is a license exempt school aged program that fully approved/complies with all DCFS license exempt standards. (Initials)

I have provided all **Participant Care and Consideration Section** information as required by the Waukegan Park District to insure the best care of my child while attending B.A.S.E. (Initials)

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **Legal Guardian Checklist of Forms – check boxes when completed**

- B.A.S.E. Application Form & \$30 non-refundable application fee, first months tuition, & last months tuition
- Acknowledgement to Participate
- B.A.S.E. Pick-up Authorization
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- Waukegan School District #60 Alternate Transportation Application

# WAUKEGAN PARK DISTRICT

## GENERAL MEDICAL INFORMATION FORM

Please check or X the appropriate box:

- My child **DOES NOT** take medicine during B.A.S.E. hours. (Initials)  
**YES / NO My child takes medication during non-B.A.S.E. hours which should be reported to the paramedics in the event of an emergency.**

Medication: \_\_\_\_\_

What its for: \_\_\_\_\_

- My child **WILL** need to take medicine during B.A.S.E. hours. (Initials)  
*Additional paperwork is required and can be obtained from program director, Julia Sanchez at [jrsanchez@waukeganparks.org](mailto:jrsanchez@waukeganparks.org) or (847) 360-4707.*

**PROGRAM: 2024-2025**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Legal Guardian (First & Last Name): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

(In the event of an emergency, calls will be made to those listed on the Emergency Contact Form until someone is contacted.)

In order for your child to have the best possible program experience, it is helpful for us to know if your child has ADD, ADHD, BD, learning disability, asthma, seizures, food allergies or anything else which might affect his/her experience.

Please use the **Participant Care & Consideration Section** page to provide the information needed to assist staff.

(Continue to next page)

# WAUKEGAN PARK DISTRICT

## Participant Care & Consideration Section

Waukegan Park District is committed to meeting your unique, individual leisure needs. **It is the responsibility of the legal guardian or participant to request any Participant Care & Consideration needed for any conditions that affects your child physically, psychologically, emotionally or socially.** This is for everyone's protection, and your confidentiality will be respected.

**Please keep in mind that not all personal care needs can be met by the District.**

- Any requests for inclusion services or personal care services should be made a minimum of **TWO weeks** prior to the start of B.A.S.E. Any requests made after the deadline may delay the start date of B.A.S.E., require the child to miss B.A.S.E., or require a legal guardian or other personal aid appointed by the guardian to assist with administration of care during B.A.S.E. If using a personal aid, depending on the exposure to other children, a criminal background check may be required.
- Once requested the legal guardian **MUST** have a conversation with a Recreation Specialist or another Management Staff prior to the start of B.A.S.E. to confirm the requested Participant Care & Consideration can be administered/provided by Staff member.
- The Park District does NOT have trained, certified, or licensed healthcare providers on staff.
- Requests for accommodation are evaluated on a case-by-case basis by any one or combination of Park District staff.
- Please note that Park District staff are unable to make medical diagnoses and/or to perform invasive medical procedures.
- All personal or medical care requests will be evaluated by using the WPD established "Participant Care Guidelines" to carefully assess and address such requests for accommodation on a case-by-case basis before **agreeing** to provide the requested accommodation.
- Additional information from the participant's doctor may be needed to assist staff in determining if the request for additional care/consideration can be accommodated.
- Once a request is approved, a meeting may be required to allow the legal guardian to train staff and/or to discuss plans to best accommodate the participant.

**Please list below or attach a description of any participant care accommodations you are requesting to your registration form. This procedure will help ensure your enjoyment of our program. *If you have nothing to write here, please add N/A.***

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Participant Name: \_\_\_\_\_

Program participating in: \_\_\_\_\_

- I am requesting participant care/accommodations
- I am **NOT** requesting participant care/accommodations (Initials)

# WAUKEGAN PARK DISTRICT

## General B.A.S.E. Waiver

### IMPORTANT INFORMATION

The Waukegan Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Waukegan Park District continuously strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and guardians of minors registering for B.A.S.E. programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

### WARNING OF RISK

B.A.S.E. activities, which include homework help, snacks, arts, crafts, play time, and transportation, 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, including drowning. 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, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision or instruction, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Waukegan 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 the program listed below, 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 these programs and transportation services, including vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle I recognize and acknowledge that the Waukegan Park District is neither a common carrier nor in the business of providing transportation services to the public. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Waukegan Park District, including its officials, agents, volunteers and employees.

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 said transportation services and B.A.S.E. activities.

I further agree that this agreement shall be governed by the laws of the State of Illinois.

**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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

### PLEASE PRINT

Participant's Name:

Guardian's Name:

Guardian's Signature:

Date:

**PARTICIPATION WILL BE DENIED if the signature of guardian and date are not on this waiver.**

**Waukegan School District #60**  
**Alternate Transportation Application**

*Please Note: Requests may take a minimum of 3 to 5 working days to process. Arrangements must be consistent Monday-Friday. Contact your school for bus information.*

**STUDENT INFORMATION (PLEASE PRINT) (PLEASE FILL OUT COMPLETELY)**

School : \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student Last Name	Student First Name	Student ID #	Grade
Home Address	Apt.	City	Zip Code
Home Phone #			

**CHILD LIVES WITH:**  Both Parents  Mother  Father  Step/Guardian  Other \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ Name & Relationship: \_\_\_\_\_

**I am requesting transportation at the following locations: (If the address is home, leave blank)**

Before School Pick up Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Full address, no corners stops)

Daycare/Sitter Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

After School Drop-off Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Full address, no corner stops)

Daycare/Sitter Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your child must be eligible for a bus to and from home in order to receive transportation to and from a day care provider. Provider must be within the attending school boundaries and meet the mileage requirements per grade level.*

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***For School Office Use Only***

Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_ at \_\_\_\_\_ School

Date sent to Office of Transportation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes:

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***For Office of Transportation Use Only***

Date received by Office of Transportation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Distance from school: \_\_\_\_\_ miles In School's Busing Boundary? *Yes / No* Application Approved: *Yes / No*

**Denial Reason:**  Out of school boundaries (\_\_\_\_\_) Student's boundaries are: \_\_\_\_\_

Student is a Walker \_\_\_\_\_ mi from school  Student is a Parent Voluntary Transfer  Out of District Address

**CHANGE EFFECTIVE:** \_\_\_\_\_

(DATE)

**FAX BACK TO 224-399-8558 or Email to: [warenas@wps60.org](mailto:warenas@wps60.org)**