



ET KidZone

2023-2024 REGISTRATION FORM

Start Date: _____

1. Child's Name: (last) _____ (first) _____

School _____ Grade for 23-24 _____ Date of Birth _____

DAYS ATTENDING: Mornings (7:00-8:30am): ___M___T___W___TH___F___ Afternoons (3:30-6:00pm): ___M___T___W___TH___F___

2. Child's Name: (last) _____ (first) _____

School _____ Grade for 23-24 _____ Date of Birth _____

DAYS ATTENDING: Mornings (7:00-8:30am): ___M___T___W___TH___F___ Afternoons (3:30-6:00pm): ___M___T___W___TH___F___

3. Child's Name: (last) _____ (first) _____

School _____ Grade for 23-24 _____ Date of Birth _____

DAYS ATTENDING: Mornings (7:00-8:30am): ___M___T___W___TH___F___ Afternoons (3:30-6:00pm): ___M___T___W___TH___F___

Parent/guardian authorized to change child's ET KidZone schedule: ☐ Both or Name: _____

Parent/Guardian Name: _____ E-Mail _____

Cell Phone #: _____ Secondary Phone #: _____

Parent/Guardian Name: _____ E-Mail _____

Cell Phone #: _____ Secondary Phone #: _____

Child(ren)'s Home Address: _____

Does your child(ren) need assistance or accommodations to be successful in this program? ___NO___ YES

Please explain: _____

Registration is complete when the Cary Park District receives the **first month's payment** along with the following signed forms: 1. Registration form, 2. Emergency Card for each child, 3. Program Waiver 4. Behavior Code of Conduct, 5. Payment plan authorization (if desired)

For complete program guidelines, please see the Parent Handbook. Available at www.carypark.com or hard copy upon request.

Questions regarding the ET KidZone program, please contact, Courtney Fejedelem at
(847) 639-6100, or email cfejedelem@carypark.com

Office use only:

Date _____ / _____ / _____ Fees Paid \$ _____ Check # _____ Credit Card _____

Emergency Card(s) _____ Program Waiver _____ Behavior Code of Conduct _____ Parent Handbook _____ Taken By _____