



# ET KidZone

## 2024-2025 REGISTRATION FORM

**Start Date:** \_\_\_\_\_

**1. Child's Name:** (last) \_\_\_\_\_ (first) \_\_\_\_\_

School \_\_\_\_\_ Grade for 24-25 \_\_\_\_\_ 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 24-25 \_\_\_\_\_ 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 24-25 \_\_\_\_\_ 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](http://www.carypark.com) or hard copy upon request.

Questions regarding the ET KidZone program, please contact, Courtney Fejedelem at  
(847) 639-6100 ext. 118, or email [cfejedelem@carypark.com](mailto:cfejedelem@carypark.com)

**Office use only:**

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Fees Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_  
Emergency Card(s) \_\_\_\_\_ Program Waiver \_\_\_\_\_ Behavior Code of Conduct \_\_\_\_\_ Reg. Form Taken By \_\_\_\_\_