



RIVER TRAILS
PARK DISTRICT

KID SQUAD

2021 – 2022

Important New Procedures PLEASE READ ENTIRELY

Welcome to Kid Squad, registration takes place online! If you are new to River Trails Park District, you will need to create a Family Account first. Please go to www.rtpd.org/registration/ If you need help please stop by the Weiss Center, we will help you set up your account.

Kid Squad is for students K-5

1st Day of School:

Indian Grove/Euclid Elementary & Prairie Trails for (All Day K only) have early release, starting Wed., Aug. 18

Robert Frost elementary have a full day of school on Wed., Aug 18

Masks are required inside. Please make sure your child has several in their back pack

Masks are not required outside as long as social distancing is being done.

What is Kid Squad? It is a before & after school program that encompasses children participating in arts & crafts, games, sports, quiet time, and creative play in a safe environment. Throughout the year other special activities may be added. Your child will participate in activities designed to ensure a positive, social, learning experience.

This information booklet will cover the many details regarding this program. Please read the information carefully, as it should answer most of your questions. If you have any further questions, please feel free to call the River Trails Park District office at 847.255.1200.

Kid Squad is a cooperative program between the River Trails Park District, School District #26, and Robert Frost Elementary. **Program will take place at the RTPD- Weiss Community Center, 1500 E Euclid Ave, Mount Prospect, IL 60056**

NEW PROCEDURES

- Registration is taken on a weekly basis during the school year online.
- Parents will drop off BEFORE CARE STUDENTS at the Weiss Community Center for Kid Squad in the AM.
 - School buses will take BEFORE CARE STUDENTS from Kid Squad to their school.
- AFTER CARE STUDENTS will be bussed back to the Weiss Community Center when school concludes.
 - Parents will pick up AFTER CARE children at Weiss Community Center.
- **Note**– Registration for the school week will open at 8:30am Monday morning- **2 weeks in advance**.
- To ensure proper transportation and class lists, registration must be completed before Sunday (10:30pm) **8 days prior to start of the school week**. This is to endure the safety of your children getting to & from the schools and allows us time to communicate with the schools.
- Registration under 8 days prior to the start of the school week, will be considered late registration
- Timelines Example:
 - First two weeks of school you can register starting Aug 3
-Registration for Aug 18, 19, 20 registration start date is Tues. Aug 3 at 8:30 am deadline is Sun. Aug 8 at 10:30 pm
-Registration for the week of Aug 23 –Aug 27 registration start date is also on Tue Aug 3 at 8:30 am deadline for this week is Sun Aug 15 at 10:30 pm
 - After the first two weeks' registration will consist of opening up two weeks prior (this will be the normal registration schedule)
-For week of Aug 30- Sept 3 registration will start Mon Aug 16 at 8:30 am deadline is Sun Aug 22 at 10:30 pm
- **To request a late registration you must email our registration desk at kslatereg@rtpd.org**
 - There is a **mandatory 48-hour wait time for approval**, while we ensure space, staffing & resources
 - **Please do not ask the Site Supervisors to make any exceptions or bypass the registration process because they are not authorized to do this.**
- Late registration will incur a **\$10 late fee**

HOURS

District 26 Schools Indian Grove, Euclid and Prairie Trails- only Full day kindergarteners

Before School	After School	Late Arrivals Days	Early Release Days
7:00 am – Start of School	School Dismissal – 6:00 pm	Thurs before care 7-9:15am	1:30-6pm

Robert Frost

Before School	After School	School Improvement days
7:00 am – Start of School	School Dismissal – 6:00 pm	2:30-6pm

FOR YOUR CHILD'S SAFETY: Kid Squad cannot accept children before 7:00 am

Your child must be signed in and signed out daily. **NO** child will be released to any individual whose name is not listed on your child's registration form. Individuals also must be at least 18 years of age. Proof of identification is required. Per school regulations, students will not be allowed to go back to their classroom after school ends for forgotten items.

ABSENCES

PLEASE CALL THE SCHOOL and THE PARK DISTRICT (847.255.1200) IF YOUR CHILD WILL BE ABSENT!!

We need to keep attendance for every child signed up for Kid Squad. It takes the Kid Squad leaders, teachers, and parent's responsibility to make this work.

If you are going to be at a different phone number than the one listed in your family account, you must notify the Kid Squad Site Supervisor. If a parent needs to reach a Site Supervisor because of an emergency, please call the Weiss Community Center at 847.255.1200. If there is any last minute change in your child's schedule, please notify the Site Supervisor or call the Weiss Community Center immediately.

*The park district office opens at 8:30 am. If you call before 8:30 am, please leave a message.

ACTIVITIES

The kids will have a great time participating in arts & crafts, games, sports, quiet time, and creative play. Throughout the year, special activities will be added. Your child will be involved in activities designed for a positive, social, learning experience. Neighborhood walks are a part of the program. (usually to go trick or treating) Your consent for your child to participate in these activities is automatically given when registering in the program. While we are at Weiss Center children may also be bussed to The Zone to partake in our Parkour Area. Waiver is attached to this manual.

SNACKS/BREAKFAST

Breakfast will NOT be served by the Park District. Please contact your school about their breakfast program. If your child is not able to have breakfast before arriving at Kid Squad, we recommend that you send your child with something they can eat for breakfast once they arrive. We'll provide one healthy snack after school. If your child chooses not to have what we provide, we recommend that parents send a snack with the child's lunch so they can have their own snack during afternoon Kid Squad.

TRANSPORTATION

Parents are responsible for getting their children to their Before School site and must pick up their children by **6:00 pm** from the Weiss Center. A fee will be charged if children are picked up late.

KID SQUAD REGISTRANTS – Children must be attending the Kid Squad program on a regular basis by October 1st.

SUPPLIES: We ask that every participant brings a box of Kleenex, markers and pencils one time to share will all Kid Squad participants. This helps keeps our cost down. Your child will need to bring their own supply of masks.

LATE PICK UP FEES

There will be a charge of **\$1.00 per minute** per family for each minute after **6:00 pm**. If a parent is late, a Kid Squad staff member will stay with the child. Site Supervisor will fill out a late form with the number of late minutes and amount charged for the parent to sign off on. Payment can be made by cash or check to the Site Supervisor at that time or a balance of monies due will be put on your family account. ***The number of late pick-ups will be closely monitored. If they become excessive, there is the possibility that your child/children could be removed from the program.***

FEES:

	5 DAYS	4 DAYS	3 DAYS	2 DAYS	1 DAY
BEFORE SCHOOL ONLY	\$47.50	\$38	\$28.50	\$19	\$9.50
AFTER SCHOOL ONLY	\$57.50	\$46	\$34.50	\$23	\$11.50
DISTRICT 26 EARLY RELEASE DAY PM ONLY					\$28
ROBERT FROST SCHOOL IMPROVEMENT DAY PM ONLY					\$22

Reminder: Registration requires you to have a River Trails Park District “Community Pass”

Account- www.rtpd.org/registration/ please set this up first if you need help please call or stop by the Weiss Center. It is important to pick the correct school each of your child is attending including Prairie Trails (this is important to make sure your child gets bussed to the correct school)

HOW TO REGISTER FOR KID SQUAD:

1. Go to www.rtpd.org/registration/
2. Click on the blue box on the left that says “Online Registration Click here”
3. Login to Community Pass
4. Click on the “Browse Activities” button
5. Click on the “Kid Squad” button
6. Follow the prompts (Your 1st registration online will require you to pay the one-time family fee of \$30)

- **Please note: we will not be able to split the account balance between family members.**

Some things to keep in mind:

- Here is a tip, if you have already registered and cannot remember what days and times you signed up for, you can go into your household account and click on your child’s name to find out what you have registered for.
- **Please set your phone alarm each week as a reminder to register this will avoid a delay in your child starting a late fee and your piece of mind.**

TAX DEDUCTION INFORMATION

Parents are responsible for keeping a tally of their Kid Squad payments for tax deduction purposes. Payments can be viewed online through your account. The park district Federal Tax ID number is 36-6136813.

CREDITS

NO credits will be considered for illness, changes or other absences. If Kid Squad is cancelled due to school closings, a credit will be applied to your account.

HEALTH

Keep your child home if there is any indication of a cold or contagious disease. The child should be free of an elevated temperature for approximately 24 hours before returning to the Kid Squad Program. In case of a contagious condition, (covid, measles, mumps, lice, strep, mono, etc.), the parent should notify the Kid Squad Supervisor so all parents can be notified. The child will need a doctor’s note to return to Kid Squad. Parents will be called to pick up their child should they become ill.

MEDICATION

Children are responsible for taking any necessary medications. If a child needs assistance with medication, please fill out the Medication Dispensing Information/Permission to Dispense Medication form that is available in this packet. No child will be able to take any medication without the proper forms being filled out.

EMERGENCY MEDICAL PROCEDURES

An Emergency Treatment Release Form is included in this packet and is also a part of Kid Squad registration online. If a child requires emergency medical treatment, the paramedics will be called. Parents will be notified as soon as possible. For minor cuts and abrasions, simple first aid will be administered and the parent will be notified.

OTHER SERVICES WE OFFER:

At times we offered alternative programming, please refer to your school calendar along with www.rtpd.org for

- **EARLY RELEASE DAYS (District 26)**
- **School Improvement Days (Frost)**
- **Late arrival days (District 26)**
- **Hit the trails/schools out**
- **Holiday camps**

River Trails Park District
1500 E. Euclid
Mount Prospect, IL 60056

Kid Squad
Registration Form
2021-2022

www.rtpd.org
PH: 847.255.1200
Fax: 847.255.1285

Child's Name: _____ DOB: _____ Sex: M F Grade _____

Child's Name: _____ DOB: _____ Sex: M F Grade _____

Child's Name: _____ DOB: _____ Sex: M F Grade _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Circle the school your child attends

Euclid Indian Grove Prairie Trails (All Day K only) Robert Frost

Waiver & RELEASE IMPORTANT INFORMATION

The River Trails 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 River Trails Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the listed 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 pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities/programs 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 when participating in any recreational activity/program. 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, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the River Trails 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 listed programs/activities, 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 this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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. 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 this program/activity against the River Trails Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "River Trails Park District").

I do hereby fully release and forever discharge the River Trails Park District 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 the listed programs/activities. 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, your online or facsimile signature shall substitute for and have the same legal effect as an original form signature."

All Participants Must Sign Waiver - If participant is under age 18, parent or guardian must sign for them. Participation will be denied if the signature of adult participant or parent/guardian & date are not on this waiver.

Signature _____ Date: _____

**RIVER TRAILS PARK DISTRICT & SUPERHERO'S ACADEMY OF MOTION ARTS
WAIVER AND RELEASE OF ALL CLAIMS, ASSUMPTION OF RISK, AND INDEMNIFICATION AND HOLD HARMLESS
AGREEMENT**

In consideration for participation in parkour activities conducted by Superhero's Academy of Motion Arts, I hereby agree to waive, release, and discharge Superhero's Academy of Motion Arts (SAOMA) and the River Trails Park District (RTPD), including their respective officers, officials, employees, agents, and contractors (collectively, "the Parties") from any and all liability, claims, damages, or losses that I (or my minor child/ward) may sustain arising out of or in any way connected with participation in this program/activity.

WARNING OF RISK & IMPORTANT INFORMATION

SAOMA and RTPD are committed to conducting recreation programs and activities in a safe manner and hold the safety of participants in high regard. SA continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in parkour activities.

Parkour activities are intended to challenge the physical, mental, and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury including death. Understandably, not all hazards and dangers can be foreseen. The very nature of parkour is hazardous and risky. **The risks include, but are not limited to:** serious physical injury arising out of slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening injuries; muscular soreness, tears, strains, sprains, dislocations, fractures and broken bones; paralysis, cuts, bruises, and muscle soreness; wrist, arm and shoulder injuries; musculoskeletal injuries including head, neck, and back; injuries to internal organs; inadequate or negligent instruction or supervision, horseplay, defective equipment, the negligence of other participants; lack of physical conditioning or skills; and premises defects. In this regard, it must be recognized that it is impossible for the SAOMA or RTPD to guarantee absolute safety.

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

PLEASE CAREFULLY READ THE TERMS AND CONDITIONS BELOW

1. I expressly agree and promise to accept and assume all of the risks existing in this activity for myself (or my minor child/ward). My participation (or that of my child/ward) in this activity is purely voluntary, and I (or my child/ward) elect to participate in spite of the risks.
2. **I represent that I understand the nature of parkour activities, that these are physical in nature, and that I (or my child/ward) am qualified, in good health, and in the proper physical condition to participate in such activities. I further agree and warrant that if at any time I (or my child/ward) believe conditions to be unsafe or activities to be beyond my skill level, I (or my child/ward) will immediately discontinue further participation in the activity.**
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless RTPD & SAOMA from any and all liabilities, losses, claims, demands, or causes of action, which are in any way connected with my participation (or my minor child/ward) in this activity or my use of RTPD & SA's equipment or facilities, **including any such claims which allege negligent acts or omissions of RTPD & SAOMA.**
4. Should RTPD & SAOMA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I (or my minor child/ward) may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself or my child/ward. I further certify that I am willing to assume the risk of any medical or physical condition I (or my child/ward) may have.
6. I have read and fully understand the above language, important information and warning of risk, indemnification, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my (or my child/ward's) participation in this activity, I may be found by a court of law to have waived my right (and that of my minor child/ward) to maintain a lawsuit against RTPD & SAOMA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____
Address _____
City _____ State _____
Phone _____ Date _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by RTPD & SAOMA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless RTPD & SAOMA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____ 4/16

BEHAVIORAL STANDARDS CONTRACT

GENERAL UNACCEPTABLE/INAPPROPRIATE BEHAVIORS:

1. Abusive language
2. Disrespectful behavior towards staff and/or fellow participants
3. Continuous disruptive behavior
4. Any aggressive behavior (slapping, punching, kicking, biting, etc.), whether it is initiated or in retaliation
5. Show respect for equipment, supplies and facilities

FIRST WARNING:

The first time any inappropriate/unacceptable behavior occurs, the parent will be notified by phone (or written letter if parent is not reachable). Documentation of this behavior will be kept on file at the park district. If that behavior occurs again within the same day, the parents will be called to come and remove the child from the program for the remainder of the day.

SECOND WARNING:

If a child continues to display unacceptable/inappropriate behavior after a first warning has been given, the parent will receive a written letter of second warning. This letter will state the child's unacceptable/inappropriate behavior and notify the parent(s) that one more incident of such behavior will result in the child being removed from the program for a specified period of time or permanently (depending on the severity of the behavior). This letter must be signed by a parent and returned. One copy will remain at the park district and one copy will be given to the parent.

THIRD (FINAL) WARNING:

As per the above, after the first and second warnings have been issued and an inappropriate behavior is displayed, a parent will be contacted by phone and given a written notice that the child will be removed from the program.

**In an extreme case of unacceptable behavior that is threatening / harmful to other participants or staff, the first two warnings can be omitted and the child will be removed from the program immediately with the final warning.

I have read, understand, and accept the above Behavioral Standards Contract and procedures.

Parent/Guardian Signature

Child/Children's names (please print)

River Trails Park District
1500 E. Euclid
Mount Prospect, IL 60056

**Kid Squad
Emergency Form
2021-2022
One Per Child**

www.rtpd.org
PH: 847.255.1200
Fax: 847.255.1285

School _____

Entering Grade: **K I 2 3 4 5** Birthdate: ____/____/20____ Age: ____ Sex: **M F**

Child's Name: _____
Last First

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ Father's Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Emergency Contact and Authorized Pickup Information

(Other than parents listed above that may be called in case of emergency and have authorization to pick up from program)

1. Emergency Contact: _____ Relationship: _____ Phone: _____

2. Emergency Contact: _____ Relationship: _____ Phone: _____

Other Authorized Pickups

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Important Health Information

Illnesses and Injuries

____ Asthma	____ Hypertension	____ Heart Defect/Disease
____ Diabetes	____ Ear Infection	____ Other: _____
____ Seizures	____ Nose Bleeds	

Allergies (Check any that apply and specify nature of allergic reactions)

Animals

Insect Stings

Pollen

Food

Medication/Drugs

Other: _____

Hay Fever

Plants

List any special instructions: _____

Medication

(Please list all, even if they are not taken at the site. If you need any medication, inhalers or Epi-Pens during program hours, the Medication Dispensing Form must also be submitted)

Is your child currently taking any medication? **Yes** **No**

List medication and the purpose of the medication: _____

Special Accommodations

Does your child have special needs that require accommodations or special assistance needed for

successful inclusion in this program? _____

Emergency Treatment Release:

As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as determined by the local emergency medical service, my child needs immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child.

I recognize that time is important during an emergency situation and I authorize emergency medical treatment for my child. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed below.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the River Trails Park District or its employees, agent or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

Review of Policies and Procedures:

I acknowledge I have reviewed the material outlined in the KID SQUAD MANUAL and agree to the policies and procedures.

Signature of Parent/Guardian _____ **Date** _____

Please print name _____

Medication Dispensing Information

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s) _____

Daytime Phone: _____ Other Phone: _____

Program Name: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION:

1. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

3. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION: _____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

Signature of Parent or Guardian

Date

Medicine Dispensing/Permission Page 2 of 2