



REGISTRATION FORM 2025-2026

FAX • MAIL-IN • DROP-OFF

Participants should assume they are registered in a class unless they are contacted by the Park District.

WOODRIDGE PARK DISTRICT PH: (630) 353-3400
2600 Center Drive, Woodridge, IL 60517

FAX: (630) 353-3409 (CREDIT CARD CHARGES ONLY)

HEAD OF HOUSEHOLD (PLEASE PRINT):		PLEASE CHECK STATUS: ☐ RESIDENT ☐ NONRESIDENT	
FULL NAME			
PRIMARY EMAIL ADDRESS*		PRIMARY PHONE*	
ADDRESS		CITY	ZIP
EMERGENCY NAME		EMERGENCY PHONE	

*All communication from the Woodridge Park District will go to this email and phone.

CHILD'S FULL NAME	SEX	GRADE	BIRTHDATE (M/D/Y)	START DATE
	☐ M ☐ F		____/____/____	

BEFORE CARE		AFTER CARE	
LOCATIONS	ATTENDANCE DAY (PLEASE CHECK)	LOCATIONS	ATTENDANCE DAY (PLEASE CHECK)
EDGEWOOD	☐ M ☐ TU ☐ W ☐ TH ☐ F	EDGEWOOD	☐ M ☐ TU ☐ W ☐ TH ☐ F
GOODRICH	☐ M ☐ TU ☐ W ☐ TH ☐ F	GOODRICH	☐ M ☐ TU ☐ W ☐ TH ☐ F
MEADOWVIEW	☐ M ☐ TU ☐ W ☐ TH ☐ F	MEADOWVIEW	☐ M ☐ TU ☐ W ☐ TH ☐ F
MURPHY	☐ M ☐ TU ☐ W ☐ TH ☐ F	MURPHY	☐ M ☐ TU ☐ W ☐ TH ☐ F
SIPLEY	☐ M ☐ TU ☐ W ☐ TH ☐ F	SIPLEY	☐ M ☐ TU ☐ W ☐ TH ☐ F
WILLOW CREEK	☐ M ☐ TU ☐ W ☐ TH ☐ F	WILLOW CREEK	☐ M ☐ TU ☐ W ☐ TH ☐ F

Woodridge Park District Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the program(s) listed above, you will be waiving and releasing all claims for injuries you and your minor child/ward might sustain arising out of the program(s) listed above.

I recognize and acknowledge there are certain risks of physical injury to participants in the program(s) listed above and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the Woodridge Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Woodridge Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward 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 activities of the program(s) including transportation services and vehicle operations, when provided.

I further agree to indemnify and hold harmless and defend the Woodridge Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s). I have read and fully understand the details of the program(s) listed above and the above Waiver and Release of All Claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

Permission To Photograph And Videotape Participants Is Authorized By Your Signature On This Waiver

By signing this waiver, I understand that my child/ward or I may be photographed or videotaped at any Woodridge Park District program, event or facility. I give permission for photographs and videotapes of my child/ward or me to be used to promote the Park District through press releases, brochures, the web site, and other promotional materials. Such photographs and video-tapes will remain the property of the Woodridge Park District. Please tell the instructor and photographer if you do not want to be photographed.

MAKE CHECKS PAYABLE TO: WOODRIDGE PARK DISTRICT

The Woodridge Park District strives to comply with the 1990 Americans With Disabilities Act (ADA). Please indicate if you or any member of your family needs special assistance or accommodations to participate in the programs listed on this form: ☐ YES ☐ NO

X	_____	Date
	(Signature of parent, guardian, or adult participant)	
X	_____	Date
	(Signature of parent, guardian, or adult participant)	

Office Use Only		Total
Date	Check	\$
	Cash	
Cashier	CC	

This section must be filled out if you are using:

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Cardholder Name _____

Exp. Date _____ CVV _____ Amount of Charge _____

"I authorize the Woodridge Park District to charge my CREDIT CARD for program registration fees."

AUTHORIZED SIGNATURE

X _____



ACCOUNT # _____

FOR OFFICE USE ONLY: Cut at dashed line and destroy (shred) immediately after entering account number into registration system.



CHANGE OF SCHEDULE REQUEST

Changes in your child's Kidz Squad schedule will start on the 1st of the month, and are due by the 20th of the preceding month. No changes, withdraws or cancellations will be accepted after April 17th, 2026. Scheduling change fee must be paid when submitting this form (cash, check or credit card).

WHICH DESCRIBES YOUR CHILD'S SCHEDULE CHANGE (PLEASE CHECK)

CHANGE OF SCHEDULE TYPE	SCHEDULE CHANGE FEE
☐ Adding days to the current schedule	\$5.00
☐ Same amount of days/week, just changing the days of the week	\$5.00
☐ Reducing the amount of days/week (cannot be less than 2 days/week)	\$25.00
☐ Withdrawing from Kidz Squad completely	\$25.00

Please note: All the fees are per child

CHILD'S FULL NAME	NAME OF SCHOOL
EMAIL ADDRESS TO SEND CONFIRMATION	HOME PHONE

DAYS YOUR CHILD IS CURRENTLY ATTENDING (PLEASE CHECK)

AM	☐ MONDAY	☐ TUESDAY	☐ WEDNESDAY	☐ THURSDAY	☐ FRIDAY
PM	☐ MONDAY	☐ TUESDAY	☐ WEDNESDAY	☐ THURSDAY	☐ FRIDAY

PROPOSED NEW SCHEDULE YOU WANT YOUR CHILD TO ATTEND (PLEASE CHECK)

AM	☐ MONDAY	☐ TUESDAY	☐ WEDNESDAY	☐ THURSDAY	☐ FRIDAY
PM	☐ MONDAY	☐ TUESDAY	☐ WEDNESDAY	☐ THURSDAY	☐ FRIDAY

PROPOSED NEW SCHEDULE START DATE:

By signing below, you are authorizing the Woodridge Park District to change your monthly payment. Confirmation of changes with the effective date and new payment schedule will be sent via email.

PRINT NAME _____ SIGNATURE OF PARENT/LEGAL GUARDIAN _____ RELATIONSHIP _____ DATE _____

☐ Please check this box to authorize the continuation of my automatic payment plan agreement.

SUPERVISOR APPROVAL _____ APPROVED START DATE _____ DATE _____

This section must be filled out if you are using:

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Cardholder Name _____

Exp. Date _____ CVV _____ Amount of Charge _____

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AUTHORIZED SIGNATURE

X _____



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AUTO CHARGE PAYMENT PLAN AGREEMENT FORM

PARTICIPANT(S) NAME(S)		
PAYEE'S NAME		
PRIMARY EMAIL ADDRESS*		
ADDRESS	CITY	ZIP
PRIMARY PHONE		

I, _____ (Signature Required)
authorize the Woodridge Park District to charge **my scheduled monthly payment** to my
credit/debit card for 2025-2026 Kidz Squad.

It is your responsibility to keep us current regarding all the information on this form. Any
changes to account information must be received one week prior to the payment due
date. All declined charges will incur a \$25.00 service fee.

This section must be filled out if you are using:

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Cardholder Name _____

Exp. Date _____ CVV _____ Amount of Charge _____

"I authorize the Woodridge Park District to charge my
CREDIT CARD for program registration fees."

AUTHORIZED SIGNATURE

X _____



ACCOUNT # _____

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