



Enrollment Application

This box to be filled out by S.O.A.R. Staff:

Rec Center Member: Yes No

Days in Attendance: Monday Tuesday Wednesday Thursday Friday

Date of Admission: _____

Date of Discharge: _____

BASIC INFORMATION:

Child's Name _____ Male _____ Female _____

Address _____ City _____ State _____

Best Contact Phone # _____

Birth Date _____ Current Grade _____ School Attending _____

IDENTIFICATION INFORMATION:

Mother's Name _____

Home Address _____ City _____ State _____

Primary Phone _____

Place of Employment _____

Work Address _____ Work Phone _____

Typical Work Hours/ Times _____

Is Mother Authorized to Pick Up Child? ☐ Yes ☐ No

Father's Name _____

Home Address _____ City _____ State _____

Primary Phone _____

Place of Employment _____

Work Address _____ Work Phone _____

Typical Work Hours/ Times _____

Is Father Authorized to Pick Up Child? ☐ Yes ☐ No

Step-Mother's Name _____

Home Address _____ City _____ State _____

Primary Phone _____

Place of Employment _____

Work Address _____ Work Phone _____

Typical Work Hours/ Times _____

Is Step-Mother Authorized to Pick Up Child? ☐ Yes ☐ No

Step Father's Name _____

Home Address _____ City _____ State _____

Primary Phone _____

Place of Employment _____

Work Address _____ Work Phone _____

Typical Work Hours/ Times _____

Is Step Father Authorized to Pick Up Child? ☐ Yes ☐ No

EMERGENCY CONTACTS:

Primary Physician _____

Clinic/Hospital _____

Address _____ Phone _____

EMERGENCY CONTACTS OTHER THAN PARENTS OR DOCTOR (IN IMMEDIATE AREA):

Name _____ **Relationship** _____

Address _____ Phone _____

Authorized to Pick up Child? ☐ Yes ☐ No

Name _____ **Relationship** _____

Address _____ Phone _____

Authorized to Pick up Child? ☐ Yes ☐ No

ALL PERSONS AUTHORIZED TO TAKE CHILD:

Name _____ **Relationship** _____

Address _____ City _____ State _____

Primary Phone _____ Work Phone _____

Name _____ **Relationship** _____

Address _____ City _____ State _____

Primary Phone _____ Work Phone _____

Name _____ **Relationship** _____

Address _____ City _____ State _____

Primary Phone _____ Work Phone _____

Name _____ **Relationship** _____

Address _____ City _____ State _____

Primary Phone _____ Work Phone _____

GENERAL QUESTIONS:

DOES CHILD PRESENTLY HAVE ANY DISABILITIES, ALLERGIES, OR OTHER LIMITATIONS? ☐ Yes ☐ No

Explain _____

DOES CHILD PRESENTLY TAKE ANY MEDICATIONS? ☐ Yes ☐ No

Explain _____

HAS A SPECIAL DIET BEEN RECOMMENDED FOR THE CHILD? ☐ Yes ☐ No

Explain _____

DOES THE CHILD PLAY BEST WITH CHILDREN HIS/HER OWN AGE, YOUNGER, OR OLDER?

Explain _____

HOW DOES CHILD SHOW THAT HE/SHE IS PLEASED?

Explain _____

HOW DOES CHILD SHOW THAT HE/SHE IS ANGRY?

Explain _____

DOES CHILD HAVE ANY SPECIAL FEARS? ☐ Yes ☐ No

Explain _____

WHAT METHOD OF DISCIPLINE IS MOST EFFECTIVE WITH YOUR CHILD?

WHAT DOES HE/SHE MOST LIKE DOING?

WHAT DOES HE/SHE LEAST LIKE DOING?

WHAT IS MOST DIFFICULT FOR YOUR CHILD?

HOW WOULD YOU LIKE FOR US TO HELP YOUR CHILD?

IS THERE ANYTHING ELSE WE SHOULD BE AWARE OF REGARDING YOUR CHILD'S DEVELOPMENT, MEDICAL CONCERNS, OR HABITS?

GENERAL CONSENTS:

PICK-UP CONSENT

I give my consent for my child to be picked up by the Rec Center at his/her school and transported to The Rec Center.

Initials: _____

EMERGENCY FIRST AID CONSENT

I give my consent for emergency first aid to be administered to my child by a staff member certified in first aid.

Initials: _____

EMERGENCY FIRST AID CONSENT

In case of sickness or accident, I expect that I will be contacted. However, if I cannot be reached, I the undersigned, hereby give my consent for the attending The Rec Center staff member to provide emergency care and/or treatment for my child through a clinic, a hospital or private doctor. I give my consent for x-rays, if the attending physician feels it is advisable or necessary. I also agree to pay all costs secured or authorized under this consent. (This agreement shall continue as long as my child is enrolled in the S.O.A.R. program).

Initials: _____

GUIDANCE & DISCIPLINE POLICY

I have read and understand the S.O.A.R. program Rules and Discipline policies in the Parent Handbook and have received a separate copy of the Rec Center S.O.A.R. program rules.

Signature: _____ Date: _____

FIELD TRIPS & EXCURSIONS PERMISSION

I authorize The Rec Center staff to take my child on walking trips, special excursions, and to nearby public facilities. I also authorize the child to ride as a passenger in a vehicle chartered by The Rec Center for special field trips. I understand all such trips are under the supervision of The Rec Center staff and that health and safety precautions are taken in compliance with the Department of Children and Family Service standards for licensing.

Initials: _____

PHOTO RELEASE

I give permission for my child to be involved in any publicity or press releases for the S.O.A.R. program. This includes photographs and interviews.

Initials: _____

CONSENT FOR PHYSICAL ACTIVITY

I give permission for my child to participate in any and all physical activities offered through the S.O.A.R. program. These activities could include, but are not limited to, team sports such as basketball, soccer, tee-ball, group games, floor hockey, aerobics, running, tumbling, and gymnastics.

Initials: _____

PAYMENT OF FEES

I understand that all S.O.A.R. program payments are due on dates provided. I understand that no payment amount may be credited to later weeks because of child's absence. The S.O.A.R. program fees do not cover institute days or holiday Rec Center programs. I must register my child for these all day programs and pay the associated fees separately.

Initials: _____

CONFIDENTIAL INFORMATION

I understand that no personal information about my child will be released without my consent. Initials: _____

I understand and agree that The Rec Center may exchange information regarding my child with those professional agencies or people concerned with my child's education and health. I fully understand that this may entail social, medical, education or psychological information. Initials: _____

WAIVER

In consideration of my child's participation in the activities of the S.O.A.R. program, conducted by The Rec Center, its representative officers, employees and members, I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my child's participation in any of the activities of The Rec Center. Initials: _____

IMPORTANT NOTICE

The Rec Center does not provide accident insurance for its members or participants in any Rec Center programs. Each person participates at his or her own risk and agrees to hold The Rec Center blameless for any injury incurred. It is recommended that all participants consult their personal insurance company to determine the extent of accident coverage while participant is involved in The Rec Center program or activity. Initials: _____

PARENT VERIFICATION STATEMENT

I _____ have read and received all information issued regarding The Rec Center S.O.A.R. program. I understand and agree to all the requirements and grant my permission on all above consent forms marked **WITH MY INITIALS OR SIGNATURE.**

Signature of Parent/ Guardian Completing Form

Date

.....
Complete and Sign Only if Child will be taking Medication while enrolled in the S.O.A.R. program

AUTHORIZATION TO ADMINISTER MEDICATION

I give permission to the S.O.A.R. program staff to administer medication to my child.

Child's Name _____

Parent's Signature _____ Date _____

MEDICATION NAME: _____

Quantity _____ Time to Administer _____ Days to Administer _____

Prescribing Physician's Name _____

Pharmacy _____ Phone _____

APPLICATION FORM ON REVERSE

PLEASE COMPLETE AND RETURN

Important!

*Policies for the 2026/2027 School Year



Please sign and date at the bottom of the page indicating that you have read and understood all policies.



Technology Policy

At no time will a child be allowed to make or receive calls or send or receive text messages on a personal cell phone. If you choose to send your child to the Rec with a cell phone or other electronic devices, it will be done at your own risk. Only at these times will electronic devices be used for play (NOT personal calling or texting): 6:45 - 8:00 am and 4:30 - 5:30 pm (on Holiday Program days). We are not responsible for lost/stolen personal items. PERSONAL CELL PHONES MUST REMAIN IN THE CHILD'S BAG AT ALL TIMES. If you need to reach your child, please call the Rec Center and speak with staff. No streaming services or social media sites will be allowed. Staff reserves the right to take away electronics if rules are not followed.



Signing Kids Out of the REC

For the safety of your child/ children, this is of utmost importance! A parent or guardian must physically come into the building to sign them out of the program for that day and accompany them out of the building. There are absolutely NO EXCEPTIONS to this.



Cancellation Form

If for whatever reason you wish to remove your child/children from our S.O.A.R. program, you must fill out a cancellation form, signed by both you and the director of the program. This will stop any bank drafts and ensure removal from the program.



No Firearms!

Firearms are prohibited on the premises.



Discipline Policy

We adhere to a strict "Three Strikes & You're Out" policy. This policy will be used in regards to all behavior and discipline problems in the program. However, in extreme behavior cases, the S.O.A.R. program director reserves the right to immediately remove the child. Please refer to the Handbook for more detailed information.



Summer Camp is a Nut Free Zone!

S.O.A.R. at The Rec is a nut-free program. In order to protect those with food allergies, please do not send your children with any food that contains nuts in the ingredient list. Check all ingredients carefully. Thank you for helping to keep our children safe!



Not DCFS licensed!

The Rec facility and programs are not licensed or regulated by DCFS.

Signature: _____

Date: _____



Updated: June 8, 2026

To Parents of S.O.A.R. Program Participants:

All payments will be made through EFT (electronic funds transfer) via a credit or debit card. Payments toward the S.O.A.R. program will be transferred on Mondays, and payments will be drafted for the entire previous week. For a typical week, Rec Members will be charged \$35, and Non-Members will be charged \$45. Special time dismissal days will slightly modify the price (see handbook). *Please note: we do not use apps such as chime, venmo, or any type of tap and pay.

Special Holiday Programs will need to be paid UPON REGISTRATION at the front desk with no exceptions. Your payment will reserve your spot for the day. Payments for Holiday Programs can be made with cash, check, or credit/debit card. Payment may not be made with an automatic draft from Rec membership account information.

Authorization Agreement for Electronic Fund Transfer

I hereby authorize the Rec Center to initiate electronic fund entries to the account below from the Financial Institution named below to debit my account.

____ Credit Card ____ Checking Account ____ Savings Account

Financial Institution: _____

City, State: _____

Routing/ Transit Number: _____

Account Number: _____

Expiration: _____

Name on Card: _____ 3 Digit Code: _____

This authorization remains in effect until the "SOAR" program is officially over, or until the Rec Center has received notification indicating a desire to discontinue participation in the "SOAR" program.

Authorized Signature: _____ Date: _____

Program Participant(s): _____

Parent/Guardian Name: _____

I understand that this is a continuous fee. I understand that I will be drafted weekly until the program has officially ended, or I have signed a cancellation form to terminate my child's participation in the program, whichever comes first. Multiple missed payments (EFT returns or Credit Card declines) will result in the removal of my child/children from the program.

Parent/ Guardian Initials: _____

Should any payment deduction not be honored by my bank for any reason, I realize that I am still responsible for the scheduled payments, plus any service fees charged by my bank or third-party collection agencies. I understand that it is my responsibility to notify the Rec Center in writing should I change my financial institution and/or account at any time.

Parent/Guardian Initials: _____

I understand that if I have a balance remaining on system for whatever reason, I may not register for any other Rec Center programs or sign up for a Rec membership until this is paid.

Parent/Guardian Initials: _____



S.O.A.R. PROGRAM BUS FORM

Parent/Guardian: Please complete and turn in to School

To the Principal of _____
(name of school)

My child, _____, is enrolled in the S.O.A.R. Program at The Rec Center and has my permission to ride the bus provided by School Transportation to the Rec Center after school every day beginning the week of _____.

Children who miss the bus are asked to go to the School Office. Please contact the S.O.A.R. Program at (217) 466-9622 to let us know the situation, and then make arrangements to provide transportation for your child.

Tear off bottom copy and give to school.

S.O.A.R. Program Copy



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