

REGISTRATION INFORMATION



- Complete the registration form below
- Make checks payable to **SPARC**
 - * Include Driver's License Number
- Return registration form (with appropriate fee) to:
 - * Child's Teacher or School Office
 - ⇒ In an envelope marked: **SPARC Program**
 - * SPARC Office:
 - ⇒ Fax: 417-719-7984
 - ⇒ Office: 300 E. Harrison, Springfield, MO 65806
 - * \$20 Fee will be applied to all insufficient payments

Refund, Cancellation, Transfer Policy:

1. Program fees offset the cost to plan and schedule programs, as well as result in successful programs. SPARC is unable to accept responsibility for personal circumstances (e.g. illness, schedule changes, etc.)
2. Refund, Cancellation & Transfer requests must be submitted in-writing to the SPARC Office five (5) business days before the class begins. All refund, Late-Cancellations and Late-Transfer requests will be charged a \$10 processing fee.
3. The request must state one of the following options: **a) transfer to another class;** or **b) cancel and request a refund (minus a \$10.00 processing fee).**
4. If approved, refunds take 2 - 3 weeks.
**You will be notified if your class is cancelled due to insufficient registration and a full refund will be issued.*



Participant Information:

Child's Name: _____ Grade: _____ DOB: _____ Gender: M / F Student ID #: _____ School : _____

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Parent/Guardian Contact (s):

Name: _____ DOB: _____ Home Phone _____ Cell Phone _____

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Pick-up Authorization:

1. _____
 2. _____
 3. _____
- *Must have photo identification

Home Address: _____

Email Address: _____

Emergency Contact:

Name _____ Phone _____ - _____ - _____

I authorize SPARC to release my child to Cherokee afterschool activities. I have read and acknowledge what the afterschool activities include.

X _____
Signature of participant or parent/guardian if participant is under 18 years of age

I understand it is my child's responsibility to check into SPARC after they leave their Cherokee club

X _____

Fees enclosed :

- After School Monthly Membership \$ 100
- Morning Monthly Membership \$40
- Membership Card \$ 50

Attached forms: Credit card form

Does participant have a disability that would require accommodations to participate in any of these activities? **YES** _____ **NO** _____
 If **YES**, please register one week prior to program start date. Please describe disability _____

My family and I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of Springfield-Greene County Park Board activities.

I give my permission for me and/or my child to be photographed while participating in Park Board activities, and to use any photographs of me and or/my child for Park Board promotional purposes.

X _____
Signature of participant or parent/guardian if participant is under 18 years of age

FOR OFFICE USE ONLY: Date: _____ Received By: _____ Receipt Number: _____

School: Cherokee Fee Paid _____ CC _____ Cash _____ Check Number: _____ Entered in Active _____

Springfield-Greene County Park Board 2019/2020 Cherokee (C.C. AUTHORIZATION FORM)

Participant's Name: _____ Session Attending: _____

For those wanting to charge the Springfield-Greene County Park Board membership to a MasterCard or Visa Account, please sign where indicated below. We will retain this form in the Park Board Office until the expiration date of this form, which you may specify below. Our credit card provider requires an authorized signature for all credit card sales.

By signing this form, you are authorizing the Springfield-Greene County Park Board to charge your account **\$140 a month for the full membership, \$100 a month for afternoon only, \$40 a month for mornings only, and/or the \$50 drop in membership card** on the preceding Wednesday, for the weeks indicated below for the Cherokee Program.

SPARC Before & After Monthly Fee

- \$40 (AM)
- \$100 (PM)

Membership Card Fee

- \$50—10 days

2019

A.M.	P.M.	Full	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	August*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	September
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	October
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	November
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	December*

2020

A.M.	P.M.	Full	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	January*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	February
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	March*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	April
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May*

Membership Card

- Ten days
- Twenty days
- Thirty days

*Prorated fees due to no school

To guarantee your child a spot during a particular week:

- Check the month(s) that your child will be attending. Your child will not be guaranteed a spot for any month(s) that are not indicated above.
- If you wish to add a week, you must do so no later than 5:00 pm on the Wednesday preceding the week you wish to add. Additions on Thursday or Friday will result in the addition of a late fee of \$10.00 per child.
- If you wish to *transfer* to another week, you must notify us in writing (by mail or fax) no later than 5:00 p.m. on the Monday prior to the week your child is scheduled to attend. Transfer requests made on the Tuesday or Wednesday prior to the original week will be charged an additional \$10.00 transfer fee. Other transfer requests will be denied.
- If you must *cancel* your child's registration, you must notify us in writing at least five business days prior to the week you wish to cancel, to receive your refund minus a \$10.00 processing fee, which will be charged to your account. If you do not cancel by the deadline, your card will be charged.
- The asterisk (*) indicated the month will be prorated due to school not being in session the full month

Discover ___ MasterCard ___ Visa ___ American Express ___ Expiration Date: ___ — ___

Account Number: _____

Billing Address: _____
Street City State Zip Code

Phone Number: _____

This form will expire on _____.
(Please specify date. If left blank, this form will expire on Thursday, May 24, 2019)

_____ PRINT Name

_____ Signature

_____-_____-_____ Today's Date