WEST CHICAGO PARK DISTRICT

2024 Summer Camp Registration Form
201 W. National Street, West Chicago, IL 60185 | 630.231.9484 | we-goparks.org

Please complete a separate form for each camper.

Camper First Name_____ **Camper** Last Name_____

Birthday_____ Gender_____ Age_____ T-Shirt Size ☐YS ☐YM ☐YL ☐YXL ☐AS ☐AM ☐AL ☐AXL

☐ *My child has special needs or requires one-on-one assistance. Minimum 2 week notice required.*

Parent First Name_____ **Parent** Last Name_____

Street Address_____ City_____ Zip_____

Daytime Phone_____ Evening Phone_____ Email Address_____

Camp We-Go (Completed Kindergarten-8th Grade)

Week #	Pre-Camp		Full Summer								Post-Camp	
Week of	6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19
5-day/week	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3-day/week MWF	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2-day/week Tu/Th	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Before Care 7-9am	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
After Care 3:30-5:30	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Camp Keppler (Ages 3-5)

Week #	Pre-Camp		Full Summer								Post-Camp	
Week of	6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19
5-day/week	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3-day/week MWF	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2-day/week Tu/Th	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Before Care 7-9am	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
After Care 3:30-5:30	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

R=Resident NR=NonResident	Early Bird by 4/30	After 5/1	Early Bird by 4/30 Full Summer (6/17-8/9)	After 5/1 Full Summer (6/17-8/9)
5 Day	$166R/$199NR	$175R/$210NR	$1,232R/$1,479NR	$1,297R/$1,556NR
M/W/F 3-Day	$99R/$119NR	$104R/$125NR	$751R/$901NR	$790R/$948NR
Tu/Th 2-Day	$91R/$109NR	$96R/$115NR	$650R/$780NR	$684R/$820NR

Before Care	5-day/week	$32R/$38NR	After Care	5-day/week	$32R/$38NR
Before Care	MWF 3-day/week	$19R/$23NR	After Care	MWF 3-day/week	$19R/$23NR
Before Care	Tu/Th 2-day/week	$13R/$16NR	After Care	Tu/Th 2-day/week	$13R/$16NR

*No camp on Thursday, July 4
*Please note: there is a $25 non-refundable enrollment fee.

Payment Information
☐ Cash
☐ Check #_____
☐ Credit Card

I will review the Parent/Participant Handbook found on we-goparks.org with my child. We agree to abide by all policies and procedures.

Parent/Guardian Name   **Date** MM/DD/YYYY

_____   _____

Signature

_____

Internal Use Only

Staff Initial_____

Date Rec'd_____

Return by email: pschiavoni@we-goparks.org
Return by Mail or Hand Deliver to Front Desk at the West Chicago Park District 201. West National Street, West Chicago, IL 60185