



AFTER SCHOOL ENRICHMENT PROGRAM

Big Hollow Schools have scheduled 16 early release days for the upcoming 2017/2018 school year. Taking into consideration the work schedule of our families, we have partnered up with the Volo Sportsplex and are introducing a new after school enrichment program. Upon early release days, children will be bussed to the Volo Sportsplex. The after school program includes: scheduled enrichment activities such as martial arts, Zumba, fine arts, basketball, dance and more and the serving of a light snack. The cost of the program is \$10.00/day per child. If you are interested in enrolling your child(ren) for the early release days indicated on the 2017/2018 district calendar, please complete the registration form and the waiver (on back) for each enrolling child.

All forms must be returned by 8/25/17 to take advantage of the program starting 9/1/17

Forms can be dropped off at Big Hollow or mailed to: **Volo Sportsplex**
26705 W. Commerce Drive
Volo IL 60073

Pay for **ALL** 16 days up front and receive **\$10 OFF!**

Parents will be responsible for picking child(ren) up from the Volo Sportsplex by 4:00pm.

Please visit www.volosportsplex.com or call 224.814.4265 with any questions.

(Please Print)

Child Name: _____ Date of Birth _____

Parent's Name: _____ Phone Number: _____

Address: _____ Email Address: _____

Emergency Contact: _____ Food Allergies: _____
(Name & Number)

Program Information

Program Name: _____ Big Hollow After School Enrichment Program _____

Dates and Times: Fridays 1:30 pm-4:00 pm (Please circle dates child will be attending)

ALL, 9/1, 9/15, 10/6, 10/20, 11/17, 12/1, 12/15, 1/19, 2/2, 2/16, 3/2, 3/16, 4/6, 4/20, 5/4, 5/18

Permission

Total Fee: \$10.00/day per Child. Late fee: \$1 per minute
Includes transportation to Volo Sportsplex from Big Hollow

____ I understand that the fee is non-refundable in the event that my child is unable to attend one or more day.

____ I understand that my child needs to be picked up from the Volo Sportsplex no later than 4:00 pm on these set days.

____ I understand that 1 weeks notice is expected if I choose to add additional days

Parent Signature: _____ Date: _____

FORMS OF PAYMENT

Checks payable to: **Volo Sportsplex**



This section must be filled out if you are using VISA, Mastercard or Discover

Charge My: _____ Account Number _____
 Visa _____ Expiration Date _____
 Mastercard _____ Card holder (print name) _____
 Discover _____ Amount of Payment \$ _____
Authorized Signature _____