PRESCHOOL REGISTRATION FORM • PALATINE PARK DISTRICT

☐ New to Palatine Park District Preschool ☐ Returning to Palatine Park District Preschool

Household Last Name: _____ First: _____

Address: _____ Apt #: _____

City/State/Zip: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Add me to the PPD notification list: ☐ Yes ☐ No

Program #	Preschool Location	Participant's Full Name	Birthdate	Gender	Registration Fee
				☐M ☐F	
				☐M ☐F	
				Total Fee:	
Americans with Disabilities Act Information: Are any special accomodations needed for this student? ☐ Yes ☐ No					

Payments: Tuition is billed monthly. Electronic Funds Transfer is required for tuition payments. If you EFT is rejected and your payment is more than 1 week late, you will be assessed a $25 late fee. We do not extend the 1-week grace period even if the child is absent. Payments must be made in order for a child to continue in school. If you have a problem making your payment, please contact the Early Childhood Coordinator.

Withdrawals: Preschool registration is for the entire 9-month school year. Withdrawals up to 2 weeks before school begins will receive a full refund minus the $65 registration fee. After that time, we require a 2-week notice or 2-weeks of payment in lieu of notice, should a child be withdrawn from the program.

PRIVACY POLICY AND PHOTO STATEMENT: Visit **palatineparks.org** to view the Palatine Park District Privacy Policy and Photo Statement.

RELEASE AND HOLD HARMLESS WAIVER

IMPORTANT: The Palatine Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Palatine Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. **WARNING OF RISK:** Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Palatine Park District to guarantee absolute safety. **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**: Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity *(including transportation services and vehicle operations, when provided)*. I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have *(or accrue to me or my child/ward)* as a result of participating in this program/activity against the Palatine Park District, including its officials, agents, volunteers and employees. **I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/guardian and date are not on this waiver.**

Signature: _____ Relationship to Participant: _____ Date: _____

Emergency Name: _____ Emergency Phone: _____

Please indicate below any medical information (asthma, diabetes, etc.) or food allergies that staff should be aware of.

_____

I authorize Palatine Park District to automatically charge the credit card on file each month for the balance owed for the above program(s).

Name: _____

Signature: _____ Date: _____

Monthly Tuition Charge Amount: $ _____

FOR OFFICE USE ONLY

Proof of Residency

ID OD

School Year: _____

Processed by _____

Batch # _____