



**2010-2011
PATHWAY TO PRESCHOOL
OPEN REGISTRATION**

Board of Commissioners

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Dear Preschool Parents,

Thank you for your interest in enrolling in the Carol Stream Park District Pathway to Preschool Program for the 2010-2011 school year.

Please note the following when registering:

- Complete and Submit with Full Payment all of the attached Registration and Emergency forms for EACH CHILD.
- Payment Due at Registration:
 - Before September 1st, 2010– Payment for your last month in full.
 - After September 1st, 2010 – Payment for your last month, & current month in full.
- Monthly Payments are *Due the 1st of Each Month* beginning September 1st.
- Good Standing Agreement requires each participant to submit/authorize a credit card # to be used in the event that your account is more than three weeks past due. Please see form for details.
- Any outstanding fees due to the Carol Stream Park District for program(s) and/or payments related to NSF checks, must be paid in full before the registration can be processed.
- Incomplete registrations are pending, your child is not eligible to attend until completion of forms and payment in full.
- All registrations received on or after September 6, 2010 will require 48 business hours to process before your child can begin attending.

Registration Policy:

- All registrations are subject to acceptance based on program availability, completion of registration forms, receipt of first payment fee and the Park District's ability to meet any special needs the participant may have.
- **Please indicate your 1st and 2nd class choices.**
- Any participant withdrawing from the program:
 - Will Not be guaranteed a spot, should they wish to return.
 - Must re-submit all Registration and Emergency Information & Release forms.
- No participant will be permitted to "temporarily withdraw" from any program.
- All participants must have a copy of their birth certificate and current immunization form on file before their 1st day of attendance.
- Special Needs – Accommodations can be made to assist your child. Please list any special services your child needs on the attached registration material.
- Lack of information regarding participant's medical, emotional, psychological, and/or physical needs may adversely affect the Carol Stream Park District's ability to accommodate the needs of your child and may necessitate that participant's removal from the program.
- All participants must be toilet-trained and responsible for all their own toilet needs (i.e., fastening own clothing).
- We do not pro-rate program fees for illnesses, vacations, extended absences or snow days.

If you have any questions please contact the Preschool Office at 630.784.6140.

Thank you!



Pathway to Preschool Program
Expanding Educational Experiences
2010-2011 OPEN REGISTRATION FORM

Child's First Name: _____ Last Name: _____ Sex: M F

Birth Date: _____ Age of Child as of September 1, 2010: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Work #: _____

Father's Name: _____ Work #: _____

Pathway to Preschool Program Options

Location: Elk Trail Recreation Center, 160 West Elk Trail

Dates: September 2010 through May 2011

Is your child capable of handling their own toileting needs? Yes or No (please circle)

The parents of the children that are not fully capable of handling their own toileting needs must stay on site during class hours or be within five minutes of the building during class hours.

Program	Code	Time	Day	Payment	Mark your 1st & 2nd Choice
Pathway To Preschool 2 1/2-3 year Old	20477	10:30 am—12:00 pm	Tu & Th	\$76 per mo / \$684 per yr	
	20478	9:30 am—11:00 am	Sat	\$42 per mo / \$378 per yr	

← COMPLETE BOTH SIDES →

REGISTRATION/PAYMENT INFORMATION & WAIVER

PAYMENT DUE AT REGISTRATION

Before September 1st, 2010

1.) Fee for the Last Month of Care (i.e. Advanced pmt for May)

After September 1st, 2010

- 1.) Fee for the Last Month of Care and
2.) Fee for the Current Month (pro-ration available)

If you are registering AFTER the School Year has begun...

- Allow 48 business hrs to process.
- Include pmt for current month.
- Call for a prorated amount.
- LIST DESIRED START DATE: _____

<u>PAYMENT DUE AT REGISTRATION</u>		ENTER FEES
Pathway to Preschool 2 1/2-3 year old	1.) Last Month Fee	
	2.) Current Month Fee	
	3.) Sub-total	
TOTAL PAYMENT DUE @ REGISTRATION		

REGISTRATION WAIVER & RELEASE IMPORTANT INFORMATION

The Carol Stream 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 Carol Stream 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 the above listed programs/activities 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 skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or 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. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Carol Stream 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 the programs listed above, 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 these programs (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume 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 these programs against the Carol Stream Park District, including its officials, agents, volunteers and employees. I have read and fully understand the above 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 the waiver.

I understand that my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotape of my child/ward or me to be used to promote the Carol Stream Park District and such photos and video will be the property of the Carol Stream Park District.

Signature: _____ Date: _____

PATHWAY TO PRESCHOOL PROGRAM PARENT HANDBOOK

I understand that I will be required to abide by and support the policies and procedures outlined in the Preschool Program Parent Handbook as related to my child's participation in the Preschool Program. I also agree to review and explain all applicable policies and procedures to my child in order to reinforce my support of the policies and procedures outlined in the Preschool Program Parent Handbook.

Signature: _____ Date: _____

PAYMENT METHOD

(To participate in the automatic payment method, please see page 4)

Circle One: Cash Check # _____ (Payable to Carol Stream Park District)

Credit Card # _____

V-Code # (on back of card) _____ Expiration Date: _____

Print Name that appears on card: _____

Signature x _____ Date _____

Office Use Only

Applied Credits \$ _____

Total Received \$ _____

Balance Due \$ _____

Initial/Date _____

Receipt # _____

* If individual responsible for payment is someone **other than custodial parent** named, please list them below:

Name: _____ **Telephone:** _____

Address _____ **Relationship:** _____

← COMPLETE BOTH SIDES →

Pathway to Preschool Program
PAYMENT INFORMATION ACKNOWLEDGEMENT

Child's Full Name: _____ Home #: _____

PAYMENT SCHEDULE 2010-2011

MONTH PAYMENT DUE DATE

- 1) September Wednesday, September, 1 2010
- 2) October Friday, October 1, 2010
- 3) November Monday, November 1, 2010
- 4) December Wednesday, December 1, 2010
- 5) January Saturday, January 1, 2011
- 6) February Tuesday, February 1, 2011
- 7) March Tuesday, March 1, 2011
- 8) April Friday, April 1, 2011
- 9) May * **PAID AT REGISTRATION**

IMPORTANT PAYMENT INFORMATION

- * Payments are NOT accepted at Elk Trail Recreation Center - NO EXCEPTIONS*
- * 1st late payment penalty = \$20
2nd late payment penalty = \$45
3rd late payment penalty = Auto Pay required to continue participation in the program
- * Any late payment that does not include the late fee will be considered an incomplete payment.
* Monthly installments represent nine equal monthly payments.
- * Payment amounts already include discounts for holidays, breaks, and other non-attendance days.
- * Payments must be accompanied by a completed slip, slips are located at the Site or the Simkus Center.
- * Make checks payable to the Carol Stream Park District.
- * Consistent late payments and/or non-payment may result in suspension from one and/or all CSPD programs.
- * If you have any payment questions or concerns, please direct them to the Registration Desk @ 630-784-6100.

MAKING A PAYMENT

You may remit your payment in one of five ways:

- 1) You may sign up for AutoPay to have your credit card debited directly and avoid late fees.
- 2) You may drop off your payment at: **Simkus Recreation Center**

**849 Lies Road
Carol Stream, IL 60188**

(Hours: M-F 8 am - 10pm, Sat. 8 am - 6 pm, Sun. 8 am - 5 pm)

- 3) You may send in your payment via the mail to the location mentioned above.
- 4) You may drop off your payments in the drop box located in front of the Simkus Center or Aldrin Center.
- 5) You may fax a completed payment slip with Credit Card # to 630/ 289-1972.

ACKNOWLEDGMENT

I understand the payment information listed above. Further, I understand that in registering for the Preschool Program, I agree to comply by all payment policies and procedures as outlined here and in the parent handbook. I am aware that if I do not complete the Automatic Credit Card Payment Form on the reverse side than I am electing to be responsible for submitting monthly payments via a payment slip by the due dates above and will be responsible for any applicable late fees after the first of each month. *(This information is listed on the cover page for you to keep.)*

Signature Required x _____ Date _____

← **SIGNATURE REQUIRED** →

Pathway to Preschool Program

EMERGENCY INFORMATION FORM

Child's First Name: _____ Last Name: _____ Sex: M F

Birth Date: _____ Age of Child September 1, 2010: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ **Guardian's Name:** _____

Work #: (____) _____ - _____ Work #: (____) _____ - _____

Cell #: (____) _____ - _____ Cell #: (____) _____ - _____

Father's Name: _____ **Do both Parents have Custody of the Child?**

Work #: (____) _____ - _____ **Circle One:** YES NO — If no,

Cell #: (____) _____ - _____ Please circle the custodial parent: **Mother / Father / Guardian**

* Individuals listed above with custody already have authorization to pick up & do not need to be listed on the reverse side.

Please indicate below any allergies/dietary restrictions, medical concerns, medications, fears or any other information you feel would benefit your child's counselors. Lack of detailed information compromises the staff's ability to successfully accommodate your child. The Carol Stream Park District is not responsible for any injuries, complications, damages or losses due to lack of information provided. Many resources and adaptations are available to assist your child.

Allergies/Dietary Restrictions: _____

Medical Concerns/Medications: _____

(If your child requires medication, please ask for a Permission to Dispense Medication Form)

Fears/Misc. Info: _____

Are there any holidays you do not wish your child to celebrate? _____

Is your child right handed or left handed? _____ **Can your child toilet independently?** _____

Does your child have special needs or need one-on-one assistance? **Circle One:** YES NO

If yes, please give details: _____

Signature Required: x _____ **Date:** _____

Pathway to Preschool Program

EMERGENCY CONTACT & RELEASE FORM

Parents/Guardians listed on the front with custody already have authorization to pick up the child. Please list below, siblings, nearest relatives or friends including parents without custody to authorize them to be able to pick-up your child. **** One contact must live within a 5 mile radius of Carol Stream.** All individuals must present a picture I.D. at all times in order for your child to be

Child's Full Name: _____ **Home #:** _____

** Name:	Home #:
Relationship to child:	Alternate #:
2.) Name:	Home #:
Relationship to child:	Alternate #:
3.) Name:	Home #:
Relationship to child:	Alternate #:
4.) Name:	Home #:
Relationship to child:	Alternate #:
5.) Name:	Home #:
Relationship to child:	Alternate #:

List any individuals that **DO NOT** have authorization to pick up your child.

Name: _____ Relationship to Child: _____
 Name: _____ Relationship to Child: _____

If unable to contact a parent/guardian, and if necessary, we will call emergency medical services (911) and your child will be transported to the nearest hospital at the parent/guardian's expense.

Primary Physician: _____ Physician Phone #: _____
 Primary Hospital: _____ Hospital Phone #: _____

I do hereby authorize the Carol Stream Park District to release my child to the above listed persons in the event that I am unable to pick up my child myself. I release the Carol Stream Park District from any and all responsibility once my child has been released into the custody of these above individuals.

Print Name: _____
Signature Required: x _____ Date: _____