

CAROL STREAM Park District PRESCHOOL

2018-2019 Registration Packet

Thank you for your interest in the Carol Stream Park District Preschool Program for the 2018-2019 school year! Additional important program information is available on the park district preschool webpage at www.csparks.org/preschool

Please note the following when registering:

- Complete and submit enclosed forms for each child.
- Special Needs: accommodations may be made to assist your child. Two week notification is required for all children requesting inclusion services. Please note all special needs your child requires on the Emergency Information Form.
- A copy of child's birth certificate (new students only) Children may not participate in preschool program until student file is complete.
- Program fee has already been adjusted for holidays, breaks, and non-attendance days.
- Program fee will not be pro-rated for illness, vacation, extended absence, or snow days.
- All participants must be toilet-trained and responsible for their own toilet needs.

Registration Policy: All registrations are subject to acceptance based on program availability, completion of registration forms, receipt of enrollment fee, and the park district's ability to meet any special needs the participant may have.

Payment Method:

- Pay in Full or Automatic EZ Pay plan. Drop-off payments are not permitted.
 - EZ payment plans are pulled *the 1st of each month* beginning September 1.
- 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.
- Pending Registration: child is ineligible to participate in program until all forms are completed and full payment is received.

Payment due at time of registration:

- At Registration: \$55 Non-Refundable Registration Fee Due
- Beginning September 1: Fee for the Current Month Due
 - Monthly payments will be pulled on the 1st of every month September-May
 - Fee listed on registration form is the yearly fee, which is divided into equal monthly payments
- Allow 48 hours to process registration if registering after the school year has begun.
- 5% off annual fee if paid in full

Registration Locations:

- Simkus Recreation Center, 849 W. Lies Rd., Carol Stream
- Fountain View Recreation Center, 910 N. Gary Ave., Carol Stream

Payment is not accepted at Elk Trail Recreation Center, *no exceptions*. Preschool Registration is not available online.

Consistent late payment or non-payment may result in suspension from the program and restrict future program registration for all CSPD programs. If you have any payment questions or concerns, please direct them to the Service Team; (630) 784-6100.

Please indicate your 1st and 2nd class choice on registration form. Any participant withdrawing from the program:

- Will not be guaranteed a spot, should they wish to return.
- Must re-submit all Registration, Emergency Information & Release forms.
- Participant will not be permitted to "temporarily withdraw" from the program.

Questions? Email Preschool@csparks.org or call Georgia Lochridge, Program Coordinator at (630) 784-6140. Thank you!

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Child's Last Name: _____		Child's First Name: _____	
Home Phone: _____	DOB: ___/___/___	Age as of 09/01/18: _____	Sex: ___ M ___ F
Address: _____		City: _____	State: _____ Zip: _____
Main Contact Email: _____			
Mother/Guardian's Name: _____		Cell Phone: _____	Work Phone: _____
Father/Guardian's Name: _____		Cell Phone: _____	Work Phone: _____

Preschool Programs

Location: Elk Trail Recreation Center 160 W. Elk Trail Rd., Carol Stream; **Program School Year:** September 2018-May 2019
Early Bird Rate goes through July 15, 2018. **Regular rate** begins July 16, 2018 **Pricing listed:** Resident/Non Resident

Preschool Prep							
<i>Age Requirement: 2 ½ yrs by Sept 1</i>							
<i>Early Bird</i>				<i>Regular</i>			
Days	Times	Monthly	Annual	Monthly	Annual	Code	1 st & 2 nd Choice
M, W	11am-12:30pm	\$82 /\$90	\$738/\$810	\$92 / \$100	\$828/\$900	13596	
Tu, Th	11am-12:30pm	\$82/\$90	\$738/\$810	\$92 / \$100	\$828/\$900	13597	
3 Year Old Two Days a Week							
<i>Age Requirement: 3 yrs by Sept 1</i>							
<i>Early Bird</i>				<i>Regular</i>			
Tu, Th	9am-11am	\$95 /\$103	\$855/\$927	\$105/\$113	\$945/\$1017	13598	
Tu, Th	9:15am-11:15am	\$95 /\$103	\$855/\$927	\$105/\$113	\$945/\$1017	13599	
Tu, Th	9:30am-11:30am	\$95 /\$103	\$855/\$927	\$105/\$113	\$945/\$1017	13600	
3 Year Old Three Days a Week							
<i>Age Requirement: 3 yrs by Sept 1</i>							
<i>Early Bird</i>				<i>Regular</i>			
M, W, F	8:30am-10:30am	\$142 /\$150	\$1,278/\$1,350	\$152/\$160	\$1,368/\$1,440	13601	
3 & 4 Year Old Three Days a Week							
<i>Age Requirement: 3 yrs by Sept 1</i>							
<i>Early Bird</i>				<i>Regular</i>			
M, W, F	12:45pm-2:45pm	\$142 /\$150	\$1,278/\$1,350	\$152/\$160	\$1,368/\$1,440	13605	
4 Year Old Three Days a Week							
<i>Age Requirement: 4 yrs by Sept 1</i>							
<i>Early Bird</i>				<i>Regular</i>			
M, W, F	9am-11am	\$142 /\$150	\$1,278/\$1,350	\$152/\$160	\$1,368/\$1,440	13602	
M, W, F	9:15am-11:15am	\$142 /\$150	\$1,278/\$1,350	\$152/\$160	\$1,368/\$1,440	13603	
M, W, F	9:30am-11:30am	\$142 /\$150	\$1,278/\$1,350	\$152/\$160	\$1,368/\$1,440	13604	
Kindergarten Readiness							
<i>Age Requirement: 4 yrs by Sept 1</i>							
<i>Early Bird</i>				<i>Regular</i>			
M-F	8:45am-10:45am	\$213 / \$221	\$1,917/\$1,989	\$223/\$231	\$2,007/\$2,079	13606	

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Registration/Payment Information & Waiver

- At Registration: \$55 Non-Refundable Registration Fee Due
- Beginning September 1: Fee for the Current Month Due (Payments are pulled 1st of every month September-May)
- Registering after the school year has begun: allow 48 hours to process registration. Include payment for current month.
- Payments are not accepted at Elk Trail Recreation Center. **NO EXCEPTIONS.**
- Registration may be paid in full or EZ Pay. Drop-off payments are not permitted.
- Program fee has already been adjusted for holidays, breaks, and non-attendance days.
- Consistent late payment or non-payment may result in suspension from the program and restrict future program registration for all CSPD programs. If you have any payment questions or concerns, please direct them to the Service Team; (630) 784-6100.

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: _____

Address _____ Relationship: _____

OFFICE USE ONLY

Payment	Enter Fees	
<input type="checkbox"/> Preschool Prep	Registration Fee	\$
<input type="checkbox"/> 3 Year Old	Monthly Fee	\$
<input type="checkbox"/> 4 Year Old	Sub-Total	\$
Kindergarten Readiness	Total	\$

Payment Method: Pay in Full EZ Pay

Payment Method: Cash Check Credit Card

Registration Staff Initial & Date: _____

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Signature: _____ Date: _____

Emergency Contact & Release Information

Child's Name (first & last): _____ Date: _____

Parents/Guardians listed on the front with custody have authorization to pick up the participant. Please list siblings (18 years+), parents without custody, relatives, or friends who are also authorized to pick-up your child. All individuals must present issued Student Car Placard and a picture I.D. in order for your child to be released into their custody. Only the custodial parent(s)/guardian(s) may approve additions and/or changes to the Authorized Pick-up List. **For emergency purposes, one authorized contact person must live within a five mile radius of Carol Stream.**

Authorized Pick-up List:

Name: _____	Relation to Child: _____
Home Phone: _____	Alternate Phone (cell, work, etc.) _____

Name: _____	Relation to Child: _____
Home Phone: _____	Alternate Phone (cell, work, etc.) _____

Name: _____	Relation to Child: _____
Home Phone: _____	Alternate Phone (cell, work, etc.) _____

Name: _____	Relation to Child: _____
Home Phone: _____	Alternate Phone (cell, work, etc.) _____

Name: _____	Relation to Child: _____
Home Phone: _____	Alternate Phone (cell, work, etc.) _____

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

Primary Physician: _____ Physician Phone: _____

Primary Hospital: _____ Hospital Phone: _____

I 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.

Parent/Guardian Name: _____

(Print)

Signature: _____ Date: _____