

# HE Parks Preschool and 3's Playschool



## Registration Form

2021/2022 School Year

(\*One registration form per child)

Birth certificates must be turned in at the time of registration for all 3 year old registrations and new 4 year old registrations.

Participant First and Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Indicate First and Second Choice	Activity Code	Section	Short Description	Days	Time	Location	PAYMENT PLAN OPTIONS			PAY IN FULL	
							Res Monthly	Non-Res Monthly	Due now	Due Now Full Res	Due Now Non-Res
	256221 B		3's Playschool TC	M,W	9:30am - 11:00am	Triphahn	\$138	\$153	\$75	\$1,179	\$1,299
	256221 C		3's Playschool WRC	Tu,Th	9:30am - 11:00am	Willow	\$138	\$153	\$75	\$1,179	\$1,299
	256211 A		TC 3 yr Preschool	M,W,F	9:30am - 11:30am	Triphahn	\$198	\$218	\$75	\$1,659	\$1,819
	256211 C		TC 3 Yr Preschool	Tu,Th	9:30am - 11:30am	Triphahn	\$139	\$154	\$75	\$1,187	\$1,307
	256211 B		TC 3 Yr Preschool	M,Tu,Th	12:30pm - 2:30pm	Triphahn	\$198	\$218	\$75	\$1,659	\$1,819
	256212 A		WRC 3 Yr Preschool	M,W,F	9:15am - 11:30am	Willow	\$221	\$243	\$75	\$1,843	\$2,019
	256212 B		WRC 3 Yr Preschool	Tu,Th	9:15am - 11:30am	Willow	\$152	\$168	\$75	\$1,291	\$1,419
	256214 A		TC 4 Yr Preschool	M,W,F	9:15am - 11:45am	Triphahn	\$243	\$268	\$75	\$2,019	\$2,219
	256214 C		TC4 Yr Preschool	Tu,Th	9:15am - 11:45am	Triphahn	\$161	\$178	\$75	\$1,363	\$1,499
	256214 D		TC 4 Yr Preschool	M,Tu,W,Th,F	9:30am - 11:45am	Triphahn	\$362	\$399	\$75	\$2,971	\$3,267
	256214 E		TC 4 Yr Preschool	M,Tu,Th	12:30pm- 2:45pm	Triphahn	\$221	\$243	\$75	\$1,843	\$2,019
	256215 D		WRC 4 Yr Preschool	M,Tu,W,Th,F	9:30am - 11:45am	Willow	\$362	\$399	\$75	\$2,971	\$3,267
	256215 A		WRC 4 Yr Preschool	M,Tu,Th	12:30pm - 2:45pm	Willow	\$221	\$243	\$75	\$1,843	\$2,019

**\*All payments include a \$75 non-refundable registration fee.**

**All registrants must complete the EFT Payment Authorization Form on reverse side.**

The Hoffman Estates Park District welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in this program:

\_\_\_\_\_

### Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware in registering yourself or you minor child/ward for participation in Park District program(s), you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising in our of Park District program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in Park District program(s) and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss of which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and defend the district and its officer, agents, servants and employees from any and all claims resulting from injuries including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participation will be denied if the signature of parent/guardian and date are not complete.**

