



Once Upon a Time Preschool Registration Form 2010-2011

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Home Phone # _____ Work # _____

Emergency Contact (Name & Phone #) _____

First Choice:

Child's Name (Last) _____ (First) _____

Date of Birth (MO) _____ (Day) _____ (Year) _____ Sex: M F

Code # _____ Days _____ Time _____ Fee _____

Second Choice: (if first choice is not available)

Code # _____ Days _____ Time _____ Fee _____

In compliance with Americans with Disabilities Act, the Bloomington Park District will make all reasonable efforts to accommodate persons with disabilities. Please indicate any special needs of participant(s) below.



Please read this form carefully and be aware that in signing up and participating in the use of Park District programs, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program. Your signature is required on this form.

Waiver & Release of all Claims

"As a participant or parent/guardian of participant(s) in these program(s)/activities, I recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with such program(s)/activities held on or off Park District property (including transportation services/ vehicle operation, when provided)."

"I further agree to waive and relinquish any and all claims I or my child/ward may have as a result of participating in these program(s)/activities (held on or off Park District property) against the Bloomington Park District, including its independent contractors, officials, agents, volunteers, servants, and employees."

"I do hereby fully release and forever discharge the Bloomington Park District and its independent contractors, officials, agents, volunteers, servants, and employees from any and all claims from injuries, including death, damages, or losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with these program(s)/activities (held on or off Park District property) or the transportation services."

I have read and fully understand the above Waiver & Release of all Claims.

Signature of Adult/Parent/Guardian 18 years of age or older:

Date:



Registration Checklist

- Registration packet completed
- Birth Certificate attached
- Payment included (deposit, first month or full payment, & graduation fee if applicable)
- Child's photo attached to Participant Profile



Preschool Payment Options 2010-2011

There are several payment options available for Preschool participants. Read over the choices and decide which payment plan you would like to Utilize. Please note that with each payment option a \$75.00 registration fee, your first month's payment, and a \$30 graduation fee for Pre Kindergarten students is due at the time of registration.

Complete this form and return it to the Park District. Circle the payment plan desired.

Child's Name: _____

OPTION #1 – Automatic charge/debit card.

VISA/MC/DISCOVER. If you choose this option you must complete and return the Charge Card Authorization Form with this form. If your credit card is declined you will be assessed a \$5 daily late fee charge until payment is received.

OPTION #2 – Coupon Book.

It is the responsibility of the parent to get the coupon and related payment to the park district by the 1st day of the corresponding month. A \$5.00 late fee will be assessed per each business day past due after the first of the month. Your first payment will be due at the time of registration.

Parent/Guardian Signature

Date

OFFICE USE

Deposit Fee: \$75.00 plus 1st month pymt. \$ _____ Entered By: _____
Pre-K only \$30.00 graduation fee: _____

Method of Payment: C _____ CK _____ Visa/MC/Disc (circle one) _____

Card #: _____ Exp. Date: _____

Authorized Signature: _____



Preschool Charge Card Authorization Form 2010-2011

I hereby give the Bloomingdale Park District permission to charge my credit card indicated below, on a monthly basis for my child's 2010-2011 Preschool monthly payment. The charge will be processed by the Bloomingdale Park District on the first of every month, beginning October 2010 and ending with the last charge in May 2011.

No bill will be sent, we will automatically charge your account each month.

Please complete the following information, sign and return

Circle One: Visa Mastercard Discover Exp. Date _____

Card Number _____

Cardholder's Name (Please print): _____

Child's Name: _____

Child's Class – Please circle one:

INTRO TO PRESC. T/TH A.M. 501701-B1 \$70/77	INTRO TO PRESC. T/TH P.M. 501701-B2 \$ 70/77
TINY TOTS M/W/F A.M. 501702-B3 \$104/114	PRE-K M/W/F A.M. 501703-B1 104/114
TINY TOTS T/H A.M. 501702-B1 79/86	PRE-K M/W/F P.M. 501703-B2 104/114
TINY TOTS M/W P.M. 501702-B4 79/86	PRE-K T/H/F P.M. 501703-B3 104/114
TINY TOTS T/H P.M. 501702-B2 79/86	PRE-K M-F A.M. 501703-B4 155/170
	PRE-K M/W/F P.M. 501703-B5 104/114

Authorized Signature _____ Date _____

=====

OFFICE USE

PROGRAM CODE _____

PLEASE INDICATE DATE/RECEIPT NUMBER WHEN CHARGED:

SEP _____	DEC _____	MAR _____
OCT _____	JAN _____	APR _____
NOV _____	FEB _____	MAY _____

Attach a current
photo of your child
here

Child's Name: _____ Participant Profile

Date of Birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____
Address: _____ Home Phone: _____
School: _____ Grade: _____ Program: _____ Code: _____

PARENT INFORMATION

Marital Status: Married Widowed Divorced Single

Name of Father/Male Legal Guardian: _____ Occupation: _____

Employer: _____ Employer's Address: _____

Work Number: _____ Work hours: _____ Cell Phone: _____

Name of Mother/Female Legal Guardian: _____ Occupation: _____

Employer: _____ Employer's Address: _____

Work Number: _____ Work hours: _____ Cell Phone: _____

Child's Physician: _____ Phone: _____ Address: _____

Does your child have any physical/mental concerns? Yes No If yes, please describe: _____

Any known allergies? (Please list): _____

Are there any foods your child cannot eat? _____

Any vision, hearing, or speech problems? _____

Does your child wear glasses? Yes No If yes, how often? _____ Date of last Tetanus shot: _____

Are there any medications given regularly? (Please indicate reason) _____

Signature of Parent/legal Guardian _____

Date _____



Child's Name: _____

Authorization for Pick-Form

Please list below all the individuals who are authorized to pick up your child/children. The individuals will also be called in the event of an emergency if a parent cannot be reached. A photo ID will be required for individuals the staff does not recognize to pick up your child.

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Work Phone: _____

Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I do here by authorize Bloomingdale Park District Staff to release my child to the above listed people in the event I am unable to pick him/her up myself. I release Bloomingdale Park District from any and all responsibility for problems which may develop when such persons take my child from the park district premises.

Signature of Parent/legal Guardian _____ Date _____

