



Bloomington Park District

Bloomington Park District Preschool

Registration Form 2024-2025

___ Check this box if student is under the Grandparent's household. *

*please use Grandparent's address below when registering for this

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

Date of birth (Month): _____ (Day) _____ (Year) _____

Sex: M F

Parent/Guardian Name: _____

Address: _____

City: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Email: _____

Emergency Contact (Name): _____ (Phone): _____

Start Date: _____ (48-hour notice)

First Choice

Code #: _____ Days: _____ Time: _____ Fee: _____

Second Choice

Code #: _____ Days: _____ Time: _____ Fee: _____

Office Use Only (Check off): _____ Copies made for Recreation Supervisor/Preschool Assistant/Preschool Teacher

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 participants below.

(630) 529-3650

172 S. Circle Avenue | Bloomington, IL | 60108

www.bloomingtonparks.org

Registration Checklist

___ Registration packet completed (including expectation forms)

___ Birth certificate attached

___ Payment included (deposit, first month or full payment and graduation fee if applicable)

___ Include a current email address for ePACT

Registration Waiver & Release

The Bloomingdale 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 Bloomingdale Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's 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 Bloomingdale 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 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 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 these programs against the Bloomingdale 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 online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name: _____

Participant's Signature: _____

Date: _____

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Preschool Payment Options

2024-25

Payment options are listed below. Read over the choices and decide which payment plan you would like to utilize. Please note that with each payment option a \$75.00 non-refundable 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. Check the payment plan desired.

Child's Name: _____

 OPTION #1 – Automatic charge (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 and payment has not been made within 5 days, you will be assessed a late fee of \$25.00. If the card declines more than 2 times a \$30 fee is assessed.

 OPTION #2 – Full Payment

Payment paid in full due upon registration. \$75 non-refundable registration fee is waived only until December 31st. The \$75 non-refundable registration fee is required after December 31st of each school year. Please note: In case of a refund, the \$75 registration fee is withheld.

Parent/Guardian Signature

Date

OFFICE USE

Total Paid: _____ Date: _____ Entered By: _____

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

Card #: _____ Exp. Date: _____

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Preschool Charge Card Authorization Form 2024-2025

I hereby give the Bloomingdale Park District permission to charge my credit card indicated below, on a monthly basis for my child's 2024-2025 preschool monthly payment. The charge will be processed by the Bloomingdale Park District on the first of every month, beginning October 2024 and ending with the last charge in April 2025.

NO BILL WILL BE SENT, WE WILL AUTOMATICALLY CHARGE YOUR ACCOUNT EACH MONTH.

Circle One: Visa M/C Disc

Child's Name _____

Card Number _____

Exp. Date _____ 3 Digit Security Code _____

Cardholder's Name (Please print): _____

1st contact phone number _____ 2nd contact phone number _____

Email: _____

Authorized Signature _____ Today's Date _____

Please circle one: (Instructor and Schedule subject to change)

- INTRO TO PRESCHOOL AM 501701-A1 \$122/135 (9:15-11:15 AM)
- TINY TOTS T/TH AM 501702-A1 \$143/157 (8:45-11:15 AM)
- TINY TOTS T/TH PM 501703-A1 \$143/157 (12:15-2:45 PM)
- TINY TOTS M/W/F PM 501704-A1 \$220/242 (12:15-2:45 PM)
- PRE-K M/W/F AM 501705-A1 \$220/242 (8:45-11:15 AM)
- PRE-K M/W/F PM 501706-A1 \$220/242 (12:15-2:45 PM)
- PRE-K M/W/F AM 501707-A1 \$220/242 (9:15-11:45 AM)
- PRE-K M-F AM 501708-A1 \$352/387 (9:00-11:30AM)
- PRE-K M-F PM 501709-A1 \$352/387 (12:00-2:30PM)

***BLENDED PRESCHOOL – DISTRICT 13:**

- *TINY TOTS M-F AM 501710-A1 \$357/NA (October -May)
- *PRE-K M-F PM 501711-A1 \$357/NA (October-May)

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OFFICE USE

PROGRAM CODE _____



Preschool Registration Information

****All participants must have all required information completed in ePACT prior to Preschool Open House or if starting later it must be completed 5 days prior to start date. ePACT Network is our main form of communication to our Preschool families. ePACT invites will be sent in August 2024****

Bloomington Park District is proud to use ePACTnetwork.com, a health-record system designed for park district programming that allows parents to complete and store participant health information electronically.

The security and privacy of participant health information is important to us. The ePACTnetwork.com site is secure, encrypted, and password protected. Only authorized Bloomington Park District staff have access to participant information.

Returning Preschoolers

- Use the same login previously created to access ePACTnetwork.com to update any participant information necessary
- If you forgot your password, click “Forgot Password” on the login page, enter your email used to receive a password reset link

New Preschoolers

- You will receive an “Invitation” email from Bloomington Park District via ePACT Network
- Click on the “Complete Request” link within the email to create a ePACTnetwork.com account
- Enter your full email address and click continue to set your password

All Preschoolers

- Once logged in, select your participant’s name and click on the health profile link to complete your child’s information; those enrolled previously in ePACT need only to update, if necessary, previously submitted information
- Fill in all required fields COMPLETELY, your profile is not complete until it is Submitted and Shared with Bloomington Park District
- Upload any required documents to your ePACTnetwork.com account
- Return to ePACTnetwork.com at any time to make changes or update your child’s health information
- Should you need assistance contact help@epactnetwork.com or call 1-855- 773-7228 ext. 1 to speak with ePACT’s Customer Success Team

Participant health information is saved from year-to-year. Once you complete a profile, you won’t have to complete a new one next year. ePACT Network is the main form of communication to notify you. These emails are from Bloomington Park District via ePACT Network, so please add to your safe-sender list to avoid accidental delivery to junk or spam folders. We don’t want you to miss important notices about Preschool!