



Bloomington Park District

Bloomington Park District Preschool

Registration Form 2022-2023

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.

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: _____

(630) 529-3650

172 S. Circle Avenue | Bloomingdale, IL | 60108

www.bloomingdaleparks.org

Preschool Payment Options

2022-23

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: _____

(630) 529-3650

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Preschool Charge Card Authorization Form 2022-2023

I hereby give the Bloomingdale Park District permission to charge my credit card indicated below, on a monthly basis for my child's 2022-20232 preschool monthly payment. The charge will be processed by the Bloomingdale Park District on the first of every month, beginning October 2022 and ending with the last charge in April 2023.

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 PRESC AM 501701-A1	\$115/127 (9:15-11:15 AM)
TINY TOTS T/TH AM 501702-A1	\$130/143 (8:45-11:15 AM)
TINY TOTS T/TH PM 501703-A1	\$130/143 (12:00-2:30 PM)
TINY TOTS M/W/F PM 501704-A1	\$180/198 (12:00-2:30 PM)
TT/PRE-K Merge M/W/F AM 501705-A1	\$180/198 (8:45-11:15 AM)
PRE-K M/W/F AM 501707-A1	\$180/198 (9:15-11:45 AM)
PRE-K M/W/F PM 501708-A1	\$180/198 (12:15-2:45 PM)
PRE-K M-F AM 501710-A1	\$316/348 (9:00-11:30 AM)

***BLENDED PRESCHOOL – DISTRICT 13:**

***TINY TOTS** M-F AM 501706-A1 \$331/NA (October -May)

***PRE-K** M-F PM 501712-A1 \$331/NA (October-May)

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OFFICE USE

PROGRAM CODE _____

Using ePACT Network

Bloomington Park District is proud to announce our adoption of ePACT Network for better safety!

ePACT is a secure emergency network, that we will use to collect medical and emergency contact information electronically. Not only will ePACT replace paper forms, but it will also ensure we have a way to communicate with you in the event of an illness, injury, or larger scale emergency.

Why are we using ePACT?

- To save you time - With ePACT, you only need to complete your child's information once, and then verify that it is still correct for additional programs or subsequent years (which can be done in just two minutes)!
- Improved privacy and security – Eliminating paper forms ensures that your key information is safe and secure, while authorized staff members can still access this information any time they need it.
- Better support – ePACT makes it easy for you to share comprehensive health and emergency contact details, so we can provide the best support to your child. Plus, you can update this anytime and we will automatically receive those new details.

How it works

- You'll receive an email invite in August 2022 to share information with the Bloomington Park District.
- Click 'Complete Request' to create a free account, or log-in if you already have an existing ePACT account.
- Enter the required information, like medical conditions, and share it with the Bloomington Park District so that program staff have access.

ePACT makes it far easier for you to share emergency information with us, while also ensuring we have access to records anytime, anywhere with the mobile app – even without an internet connection.

Rest assured that you always own your account and the information in it. Plus, ePACT maintains the same levels of security as online banking, and limits access only to the administrators we assign for enhanced privacy.

ePACT Support

Have questions or feedback? Please contact help@epactnetwork.com or call 1-855- 773-7228 ext. 1 to speak with ePACT's Customer Success Team.

Preschool
Parent/Guardian Expectations Agreement

By checking boxes and signing below, I agree that I can fully adhere to the below listed behaviors for Preschool. I understand that these measures are in place as required by the DCEO and the State of Illinois. I understand that if I am unable to adhere to the below listed items my student will be removed from the Preschool at the Bloomingdale Park District:

- Parent/Guardian will administer daily health assessment of participant and be honest about answers at check in with BPD staff.

- Parent/Guardian will take temperature of participant daily at home prior to coming to Preschool and report said temperature to staff upon check in.

- Parent/Guardian will drop off and pick up participant daily.

- Parent/Guardian will reinforce the use of masks, social distancing, hand washing and non-sharing of objects

- Parent/Guardian will notify BPD if participant or someone in close contact with the participant has tested positive for COVID-19.

- Parent/Guardian will pick up participant (and any siblings) within 30 minutes if participant is showing signs of being sick at Preschool.

- Parent/Guardian understands that there will be zero tolerance for the following participant behavior: biting, licking, spitting, hitting, kicking, pushing or any other kind of physical contact with other participants or staff. Parent/Guardian understands that student will be removed from Preschool immediately if participant violates this rule.

Parent signature

Date

Preschool
Participant Expectations Agreement

By signing below, I agree that my child can fully adhere to the below listed behaviors while attending Preschool. I understand that these measures are in place as required by the DCEO and the State of Illinois. I understand that if my child is unable to adhere to the below listed items they will be removed from Preschool at the Bloomingdale Park District:

- My child can wear a mask when indoors and as prompted by staff (masks will not be required while students are eating). My child can take the mask on/off independently.

- My child can maintain a safe social distance of 6ft at all times, from staff and other participants.

- My child can complete all tasks associated with using the bathroom independently.

- My child can complete all tasks associated with eating snacks independently.

- My child can carry all of their own belongings independently.

- My child will let a staff person know when they are not feeling well.

- My child can follow verbal instructions.

- My child will adhere to all staff rules regarding activities which are being modified to allow for social distancing.

- My child will wear gym shoes every day.

- My child understands there will be zero tolerance for the following behavior: biting, licking, spitting, hitting, kicking, pushing or any other kind of physical contact with other participants or staff. My child understands that they will be removed from Preschool immediately if they violate this rule.

Parent signature

Date