



# Introduction to Preschool Registration Packet Winter/Spring Session 2019

Circle One: Returning Student / New Student

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Circle selected class

Code	Day	Date	Time	Fee	Payment Options
328001.01	M/W	1/28-5/15	12:30 pm-2:00 pm	\$280/\$290/\$300	Payment Plan Available
328001.02	TU/TH	1/29-5/16	12:30 pm-2:00 pm	\$280/\$290/\$300	Payment Plan Available

**If you are not paying in full for the entire Winter/Spring 2019 preschool year, the following rules apply:**

- A parent or guardian must sign the Payment Schedule Contract and hand in at the time of registration.
- Payments are due on the first of each month (February through April). Last payment will be due on April 1<sup>st</sup>.
- Payments will be automatically charged to your credit/debit card on the 1<sup>st</sup> of each month.
- If credit/debit is declined, a \$25.00 fee will be charged to your account.
- Your credit card number and signature must remain on file with the Village of Glendale Heights Sports Hub.
- If your child is no longer going to attend preschool, the preschool program cancellation form must be received by the 20<sup>th</sup> of the month before. If we are not notified, your credit/debit card will be charged the installment bill payment amount and will not be refunded.

**The Village of Glendale Heights will automatically charge your credit/debit card on the 1<sup>st</sup> of each month.**

I, \_\_\_\_\_ authorize the Village of Glendale Heights to automatically charge my credit card on the 1<sup>st</sup> of each month (February through April) for payment of my preschool account. The amount that will be charged each month is the amount agreed on the payment schedule.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



# Glendale Heights Preschool Payment Plan Agreement

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

A payment plan is offered to assist parents with the financial responsibilities of the Glendale Heights Preschool Program. The total registration fee is divided into 4 equal payments (installment bills). Installment bill payments are due on the following dates: First payment due at the time of registration: February 1, 2019, March 1, 2019 and April 1, 2019.

**A \$25.00 fee will be charged to your account if credit/debit card is declined.**

<b>Circle selected class</b>	Total Program Fee	Registration Fee	Supply Fee	Due at Registration (before 2/01/19)	Due at Registration (2/01/19 or later)	Installment Bill
Monday/Wednesday	\$280/\$290/\$300	\$30	\$30	\$130/\$132.50/\$135	\$200/\$205/\$210	\$70/\$72.50/\$75
Tuesday/Thursday	\$280/\$290/\$300	\$30	\$30	\$130/\$132.50/\$135	\$200/\$205/\$210	\$70/\$72.50/\$75

The first payment is due at the time of registration along with the \$30 registration fee and \$30 supply fee. The registration fee and supply fee is non-refundable.

I, the undersigned parent or guardian of the aforementioned child, now register said child to the Glendale Heights Parks & Recreation Department's Preschool program for the entire session. In doing so, I fully understand that I am committed to pay the entire fee regardless of child's attendance.

**REQUIRED: (The information below must be complete at time of registration)**

I, \_\_\_\_\_ parent or guardian of (please list all children enrolled)

\_\_\_\_\_ agree to the terms listed above.

Visa      Mastercard      Discover      (please circle one)

Credit Card # (last four digits only) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

I, \_\_\_\_\_ authorize the Village of Glendale Heights to automatically charge my credit card on the above dates for the Glendale Heights Preschool Program.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Cancellation Policy**

If your child is no longer going to attend preschool, the preschool program cancellation form must be received by the 20<sup>th</sup> of the month before. If we are not notified, your credit/debit card will be charged the installment bill payment amount and will not be refunded.



# Introduction to Preschool Registration Form Winter/Spring Session 2019

## Office Use Only

Enrollment Date: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_  
M/W Class: \_\_\_\_\_  
TU/TH Class: \_\_\_\_\_  
Teacher Request \_\_\_\_\_  
Returning Student    New Student

## Child Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male or Female

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Parent Information

Mother Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Information

Please list all name and phone numbers of those who can be contacted during class time in the event your child should need care (ex. changing) or in an emergency. Calls will be made in the order listed.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Any other information you feel we should know about your child:

\_\_\_\_\_  
\_\_\_\_\_

## **EMERGENCY CARE / FIRST AID CONSENT FORM**

IN CASE OF SICKNESS OR ACCIDENT OF MY CHILD, WHILE UNDER THE CARE AND SUPERVISION OF THE GLENDALE HEIGHTS PARKS & RECREATION DEPARTMENT, I THE UNDERSIGNED, GIVE MY PERMISSION/CONSENT TO THE GLENDALE HEIGHTS PARKS & RECREATION DEPARTMENT EMPLOYEES, TO PROVIDE EMERGENCY FIRST AID AND/OR TREATMENT THROUGH A CLINIC, A HOSPITAL, OR PROVIDE A DOCTOR. I GIVE MY EXPRESS CONSENT FOR X-RAYS IF THE DOCTOR OR HOSPITAL FEELS IT IS ADVISABLE OR NECESSARY. I ALSO AGREE TO PAY ALL COSTS AND FEES CONTINGENT UPON ANY EMERGENCY MEDICAL CARE AND/OR TREATMENT FOR MY CHILD AS SECURED OR AUTHORIZED UNDER THIS CONSENT. THIS AGREEMENT SHALL CONTINUE AS LONG AS THE ABOVE MENTIONED CHILD IS ENROLLED IN THE GLENDALE HEIGHTS PARKS & RECREATION DEPARTMENT SUMMER PRESCHOOL PROGRAM.

CHILD'S NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

## **LIABILITY WAIVER**

IN CONSIDERATION OF YOUR ACCEPTING MY CHILD'S ENTRY INTO THE GLENDALE HEIGHTS SUMMER PRESCHOOL PROGRAM, I HEREBY, FOR MYSELF, MY CHILD, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHT AND CLAIM FOR DAMAGES I OR MY CHILD HAVE AGAINST THE VILLAGE OF GLENDALE HEIGHTS AND ITS REPRESENTATIVES, SUCCESSORS AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MYSELF OR MY CHILD WHILE PARTICIPATING IN ANY ACTIVITY SPONSORED BY THIS GROUP.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND TURNED IN TO THE SPORTS HUB AT LEAST ONE WEEK PRIOR TO YOUR CHILD'S CLASS.