2017-18 School Year

Geneva Park District
Friendship Station Preschool
Registration Packet

Registration Procedure

All registration and payments will be accepted at Sunset Community Center, 710 Western Avenue ONLY. ***Online registration is not available for preschool.***

- A $50 deposit is due at the time of registration
- Proof of age (copy of birth certificate) is required at registration.
- Child must be 3 years old on or before September 1, 2017 to attend our 3-year-old program.
- Child must be 4 years old on or before September 1, 2017 to attend our 4-year-old programs.
- Child must be potty trained (NO Pull-Ups or diapers).
- Currently **enrolled students** will be given first opportunity to register. However re-enrolling into the program does not guarantee your placement choice whether it be AM or PM.
- The yearly tuition has been divided into an installment plan that includes deposit and 9 equal monthly installments, based on actual school calendar days.

Completed registration includes first month and registration fees, along with the completed registration packet and a copy of the child's birth certificate.

Additional Information:

- You may indicate a first and second choice for AM or PM preschool on your registration form; however, **placement is not guaranteed**. If your first choice is full and openings exist in your second choice, your child will be registered for the second choice and waitlisted for your first choice.
- You will be notified via email after February 10 if your child has been registered or waitlisted.
- Teacher requests may be written on your form, but requests are **NOT guaranteed.**

Cancellation & Payment Information

The Geneva Park District office must receive any cancellations for the 2017-18 Preschool program by 5:00 pm on July 25. An application for refund must be completed as cancellation verification. It is possible to receive a $25 refund if we fill your spot before July 25. **Deposits will not be refunded after this date.**

Payments received after the final payment due date listed will incur a $10.00 charge each week the payment is past due and could result in loss of your spot. Final payments will be pro-rated if the spot has been replaced.

Please note:

There is a $50 non-refundable registration fee.
First payment is due by August 1, 2017.
You may pay the tuition in full during time of registration or sign up for EZ Pay; automatic monthly payments
For EZ Pay Payments, the first payment will be charged on August 1, 2017. Eight (8) additional monthly payments will be charged on the first business day of the month through April 1, 2018.

*We accept credit or debit

Important Dates

- **January 17:** Preschool Open House at Friendship Station Preschool from 6:00 - 7:30 pm.
- **January 18:** Pre-registration for currently enrolled students due.
- **January 24:** Preschool Open House at Western Avenue from 6:00-7:30pm for our 4/5's 5 day a week program.
- **February 7:** New Student registration forms due.
- **February 8:** Random processing of new student (resident) registration forms begins.
- **February 21:** Non-resident registration will be processed.
- **July 25:** 5:00 pm Cancellation Deadline. *(See above for Cancellation information.)*

Please note: All resident registrations received by 9:00 pm on February 7 will be processed randomly beginning February 8. Resident registrations received after 9:00 pm on February 7 will be processed in the order they are received. Non-resident registrations will be processed beginning February 21.

Fall 2017 Registration Fees

** Times, prices, and dates are subject to change.*

3 year old Preschool at Friendship Station

$50 Deposit
$100 (N/R $103) per month
(9 monthly payments)

1111003-01 Tu/Th 8/24-5/31* 9-11:30 am
1111003-02 Tu/Th 8/24-5/31* 12:30-3 pm

4 year old Preschool at Friendship Station

$50 Deposit
$141 (N/R $144) per month
(9 monthly payments)

1111004-01 M/W/F 8/25-6/1* 9-11:30 am
1111004-02 M/W/F 8/25-6/1* 12:30-3 pm

4 –5 year old Preschool at Western Avenue School

$50 Deposit
$256 (N/R $259) per month
(9 monthly payments)

1111005-01 M-F 8/25-6/1* 9-11:30 am
1111005-02 M-F 8/25-6/1* 12:30-3 pm

Geneva Park District
710 Western Avenue, Geneva, IL 60134
Phone 630-232-4542 | Fax 630-232-4569
www.genevaparks.org

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Geneva PARK DISTRICT
We Make It Happen!

Geneva Park District Program Registration

710 Western Avenue, Geneva, IL 60134 630-232-4542 Fax 630-232-4569

Friendship Station PRESCHOOL

FRIENDSHIP STATION PRESCHOOL 2017-18 SCHOOL YEAR REGISTRATION FORM—DEPOSIT

Pre-registration forms for students currently enrolled in Friendship Station Preschool are due by January 18th.
Registration for Resident New Students Preschool received by 9pm February 7th will be processed starting February 8th.
Non-Resident Registration will be processed starting February 21st.
Preschool Registration must be done in person, by mail or fax, at Sunset Community Center.

Last Name _____ (Adult) First Name _____

Address _____ City_____ Zip _____

Home Phone _____ Cell / Other Phone # _____

Email _____ Work Phone _____

Participants Name _____ Birth Date _____Age_____

3 year old Program—$50 deposit

OPTIONS:
3 yr old AM | 9-11:30am T/TH **Code 1111003-01**
3 yr old PM | 12:30-3pm T/TH **Code 1111003-02**

Please rank your preference below:

1st choice—_____

2nd choice—_____

Teacher Request: _____

Note: Teacher Requests are NOT guaranteed.

4 year old Program—$50 deposit

OPTIONS:

3-day a week program
4 yr old AM | 9-11:30am M/W/F **Code 1111004– 01**
4 yr old PM | 12:30-3pm M/W/F **Code 1111004-02**

5-day a week program
4 yr old AM | 9-11:30am M-F **Code 1111005-01**
4 yr old PM | 12:30-3pm M-F **Code 1111005-02**

Please rank your preference below:

1st choice—_____ | 3rd choice—_____

2nd choice—_____ | 4th choice—_____

Teacher Request: _____Note: Teacher Requests are NOT guaranteed.

PERSONS WITH SPECIAL NEEDS: The Park District makes reasonable accommodations for persons with special needs to participate. Please specify any adaptive equipment, personnel or other accommodations you need to participate in a program for which you have registered.

Geneva Park District Waiver and Release of All Claims

The Geneva Park District (the "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 Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physical fit and/or adequately skilled for recreational activities. 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. Depending on the particular activity, certain risks and dangers may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, lack of safety equipment, inadequate or defective equipment, failure in supervision and instruction or officiating, and premises defects. It is impossible for the 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 Program(s), you will be expressly assuming the risk and legal 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 the program(s)/activity(ies) (including transportation services, when provided).I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s)/activity(ies), and I voluntarily agree to assume the full risk of any injuries, 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 the program(s)/activity(ies). 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 this program/activity against the Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I 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 program(s)/activity(ies).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 on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. I understand that my child/ward or I may be photographed or videotaped while participating in a Park District program. I give permission for photos and video images of my child/ward or me to be used to promote the Park District's recreation programs. Such photos and video images remain the property of the Park District. ***PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/guardian and date are not on this waiver.*** **Photo/Video Disclaimer:** All participants permit the taking of photos and/or video of themselves and their children during Park District activities, programs, events, and facilities for publication and use as the Park District deems necessary in marketing materials. If you and your child do not wish to be photographed or videotaped, a written objection must be filed with the Park District.

PAYMENT

Please indicate your choice of payment:

☐ Check ☐ Cash ☐ Visa ☐ Mastercard

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date ☐☐☐☐

NOTE: **Faxed registration must be paid by credit card. When registering by fax, it is mutually understood that the facsimile registration documents (including the waiver & release of all claims) shall substitute for and have the same legal effects as the original form.**

SIGNATURE

I have carefully read the Insurance Liability waiver on this form and understand that my signature is required below in order for myself or my child/ward to participate in the Geneva Park District programs. My signature also authorizes payment via the credit/debit card number if provided for payment.

Signature of Participant, Parent or Guardian and Credit/Debit Card Holder if applicable _____ **Date** _____

Office Use Only	**Prepared by:**	**Date:**	**Amount:**	**Pmt Method:**
	Copy given to:	**for:**	**Special Needs** **Personal Training** **Priv. Lesson** **RB/WB League** **Other**_____	

Geneva Park District

710 Western Avenue ~ Geneva IL 60134 ~ P: 630-232-4542 ~ F: 630-232-4569 ~ genevaparks.org

FRIENDSHIP STATION PRESCHOOL
REGISTRATION FORM 2017-18

Start Date:_____ **Birthdate:** _____ **Age:** _____ **Sex: M F**

Child's Name:_____

Address:_____ **City:**_____ **Zip:**_____

Home Phone:_____ **Email:** _____

Preschool Attendance (Circle): AM PM Program: 3 Year Old(T,TH) 4 Year Old(M,W,F) 4-5 Year Old(M,T,W,TH,F)

Program Hours: AM- 9:00-11:30am
PM-12:30-3:00pm

3 Year Olds - Tuesday, Thursday
4 Year Olds - Monday, Wednesday, Friday
4-5 Year Olds - Monday, Tuesday, Wednesday, Thursday, Friday

Monthly Fees

Three Year Old Program - 2 Days $100(N/R $103)/Month

Four Year Old Program - 3 Days $141(N/R $144)/Month

4-5 Year Old Program – 5 Days $256(N/R $259)/Month

Payment Authorization

Circle One: VISA MasterCard Discover
**We accept Visa and MC only.*

Print name as it appears on card: _____

Credit/Debit Card #: _____**Expiration Date:** _____

For Office Use Only

Program # _____

I authorize the Geneva Park District to charge the credit card listed above for the Friendship Station monthly payments. The first payment will be charged on August 1st, 2017 and eight additional payments will be charged on the first day of each month beginning September 1st, 2017 through April 1st, 2018 (for a total of nine payments). If you withdraw from the program, the charges will stop.

Signature: _____ **Date:** _____

Emergency Information

Mother's Name:_____ **Father's Name:**_____

Mother's Home Phone:_____ **Father's Home Phone:**_____

Mother's Cell Phone:_____ **Father's Cell Phone:**_____

Mother's Work Phone:_____ **Father's Work Phone:**_____

Emergency Contact:_____ **Phone:**_____

Wavier and Release

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program/programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program/programs. "I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Geneva Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the program(s). I further agree to indemnify and hold harmless and defend the Geneva Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, arising out, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the program details and waiver and release of all claims."

I understand that my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotape of my child or me to be used to promote the Geneva Park District and photos and video will be property of the Geneva Park District.

Signature: _____ **Date:** _____

Child's Name_____Start Date_____

FRIENDSHIP STATION ENROLLMENT AGREEMENT 2017-2018

Geneva Park District

By enrolling my child, _____, in the Friendship Station Preschool program for the 2017-2018 school year, I understand the following:

1. My child will attend:

Three Year Old Program (please circle)	**AM**	**PM**
Four Year Old Program (please circle)	**AM**	**PM**
Four/Five Year Old Program (please circle)	**AM**	**PM**

Office Use Only:

Start Date: _____

Initials: _____

2. The Friendship Station Preschool program is open according to the official school calendar of School District 304 and is closed during inclement weather days.

3. I am responsible for the payment of monthly fees in the amount of _____, which are due by the first of each month. The payments will be made in nine installments. The first payment will be made on August 1st, 2017 and the first day of each month beginning September 1, 2017 through April 1, 2018 (for a total of nine payments). Credit/Debit cards that are declined will be charged a $25.00 service fee by the Geneva Park District. In addition, a $10.00 late fee will be charged. If a parent/guardian is delinquent on the child's account (payment has not been received by the 10th of the month that the payment was due), the child will be suspended or removed from the program unless special arrangements have been made with the director of the program.

4. In the event of any absences during program hours/activities, I will be responsible for fees for time reserved, not actual time spent at the program. I understand that it is my responsibility to call the school and inform them of any absences. Also, if my child/ward is ever picked up after the program end time, I agree to adhere to the policy and fees regarding late pick-up, as stated in the Friendship Station Preschool Parent Manual.

I agree to adhere to the stated policies and procedures of Friendship Station Preschool as stated here and in the Parent Handbook. I give my child/ward permission to participate fully in this program.

_____

SIGNATURE OF PARENT/LEGAL GUARDIAN **RELATIONSHIP TO CHILD** **DATE**

FRIENDSHIP STATION PRESCHOOL / GENEVA PARK DISTRICT

2017-18 EMERGENCY AND RELEASE FORM

PLEASE PRINT. Fill out all sections completely. **START DATE:** _____

First Name:	**Last Name:**		
Gender: ☐**Male** ☐**Female**	**Date of Birth:**	**School:**	**Grade:**
Address:		**City:**	**Zip:**
Home Phone:	**Email:**		
Mother's First Name:	**Last Name:**		
Business Phone:	**Cell Phone:**		
Father's First Name:	**Last Name:**		
Business Phone:	**Cell Phone:**		
Do you have siblings in the program: ☐ **Yes** ☐ **No**			
Sibling Name:	**Age:**		
Sibling Name:	**Age:**		

Authorized persons, other than parents, who may be called in an emergency and/or pick up the child from the program. (All authorized must be 18 or older and will be required to show identification.)

1. Name_____**Relationship**_____**Phone#**_____

2. Name_____ **Relationship**_____**Phone #**_____

3. Name_____ **Relationship**_____**Phone #**_____

4. Name_____ **Relationship**_____**Phone #**_____

Please list anyone one who DOES NOT have authorization to pick up your child.

1. Name_____ **Relationship to child:** _____

Are there any custody/divorce or other family concerns that the staff should be alerted to? Yes☐ **No**☐

If yes, please explain:_____

_____

_____

Part I: ILLNESSES & INJURIES (Check any chronic or recurring illness)

☐ Asthma	☐ Hypertension	☐ Heart Defect/Disease
☐ Diabetes	☐ Ear Infection	☐ Musculoskeletal Disorders
☐ Seizures	☐ Bleeding/Clotting	☐ Other:_____

Date of last Health Exam:_____**Date of last Tetanus Shot:**_____

Family Physician_____**Phone #**_____

Insurance Provider:_____**Policy #**_____

Any activities to be restricted:_____

_____

Part II: ALLERGIES (check any that apply and specify nature of allergic reactions)

- ☐ Animals
- ☐ Food
- ☐ Hay Fever
- ☐ Insect Stings
- ☐ Medication/Drugs
- ☐ Plants
- ☐ Pollen
- ☐ Other (specify)

List specific allergies, reactions and special instructions: _____
_____
_____
_____

Part III: MEDICATION (please list all, even if they are not taken at the site)

Is your child currently taking any medication? ☐ **Yes** ☐ **No**

List medication and the purpose of the medication:

_____
_____
_____

Part IV: OTHER HEALTH CONDITIONS (check any that apply and describe below)

- ☐ Hearing Impairment
- ☐ Emotional Disturbances
- ☐ Special Diet Regimen
- ☐ Motion Sickness
- ☐ Fainting
- ☐ Visual Impairment
- ☐ Nosebleeds
- ☐ Wear Glasses/Contacts
- ☐ Speech Impediment

Other limitations or important information:_____
_____
_____

The information above is correct to the best of my knowledge and I know of no reason(s), other than those listed above, why my child should not participate in the activities.

Signature of Parent/Guardian_____Date_____

Part V: EMERGENCY CARE RELEASE

I hereby authorize the Geneva Park District, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child.

Signature of Parent/Guardian_____Date_____

Part VI: REVIEW OF POLICIES AND PROCEDURES
I acknowledge I have reviewed the material outlined in the Friendship Station Parent Manual and agree to the policies and procedures.

_____ _____
(Parent's Signature) (Date)

Part VII: PERMISSION FORM
My child _____, has my permission to leave the Geneva Preschool site with Friendship Station staff for the purpose of scheduled fieldtrips, park visits, walks or outdoor activities.

_____ _____
(Parent's Signature) (Date)