



2025-26

Geneva Park District Friendship Station Preschool

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 Registration Fee 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, 2025 to attend our 3-year-old programs.
- Child must be 4 years old on or before September 1, 2025 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, PM or Extended Day.
- The yearly tuition has been divided into an installment plan that includes Registration Fee and 9 equal monthly installments (August-April), based on actual school calendar days.

Turn In: Completed registration packet, a \$50 registration fee and a copy of the child's birth certificate to Sunset Community Center, 710 Western Ave, Geneva.

Cancellation & Payment Information

The Geneva Park District office must receive any cancellation for the 2025-26 Preschool program by 5:00 pm on July 14. An application for refund/withdraw form must be completed as cancellation verification. The Registration Fee will not be refunded after this date. It is possible to receive a \$20 refund if we fill your spot before July 21. Class payments received after the 1st of the month payment due date listed will incur a \$10.00 charge and could result in loss of your spot. Please note: We are no longer able to split payments between multiple credit cards or family members.

2025 Important Dates

- **January 9:** Pre-registration for currently enrolled students.
- **January 16:** Preschool Open House at Friendship Station Preschool from 5:30 - 7:00 pm.
- **February 5:** New Student registration forms, birth certificate and \$50 registration fee due to Sunset Community Center at (710 Western Ave) By 5:00 pm.
- **February 6:** Random processing of new student (resident) registration forms begin. You will receive an email when your registration is processed (1-2 days). Check your Email spam or junk folder.
- **February 13:** Non-resident registration will be processed.
- **July 14:** 5:00 pm Cancellation Deadline for the 2025-2026 school year.
- **July 15:** All Day Classes will be charged a \$35 mat fee.

Please note: Resident registrations received after 5:00 pm on February 5th will be processed in the order they are received.

Additional Information:

- You may indicate a first and second choice for AM or PM; Half Day or Full Day 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 1-2 days after your registration date if your child has been registered or waitlisted.
- Teacher requests may be written on your form, but requests are **NOT guaranteed.**

Please note:

There is a \$50 non-refundable registration fee. First payment is due by August 1. 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, 2025. Eight (8) additional monthly payments will be charged on the first business day of the month through April 1, 2026.

*We accept credit or debit

Friendship Station Preschool



We invite you to choose Friendship Station Preschool as your child's first stop on their educational journey. This reputable program is guided by the philosophy of learning through play. In keeping with the guidelines of Illinois State Board of Education Standards regarding early learning and literacy, our provides appropriate activities to enhance the literacy of young children. Our lead teachers all have a Bachelor of Arts degrees in early childhood education or a related field and receive ongoing training. Our classrooms are peanut-free safe zones.

PRESCHOOL

Friendship Station Preschool 2960
Blackman Road, Geneva, IL 60134

2025-26 Preschool Schedule & Tuition

For your convenience, tuition is divided into nine monthly installments that are due Aug 1-Apr 1.



Age Group Options	Ages by 9/1/25	Days	Times	Dates	Monthly Fee R/NR
3 Year-Old Option 3A					
AM Only	3	Tu/Th	9:00-11:30am	8/26-5/28	\$132/\$148
3 Year-Old Option 3B					
PM Only	3	Tu/Th	12:30-3:00pm	8/26-5/28	\$132/\$148
3 Year-Old Option 3C					
AM Extended Day (2 Days)	3	Tu/Th	9:00am-12:00pm	8/26-5/28	\$310/\$325
Lunch Bunch (2 Days)	3	Tu/Th	12:00-1:00pm	8/26-5/28	
Preschool Express (2 Days)	3	Tu/Th	1:00-3:00pm	8/26-5/28	
4 Year-Old Option 4A					
AM Only	4	M/W/F	9:00-11:30am	8/25-5/29	\$179/\$195
4 Year-Old Option 4B					
PM Only	4	M/W/F	12:30-3:00pm	8/25-5/29	\$179/\$195
4/5 Year-Old Option 4C					
AM Extended Day (3 Days)	4	M/W/F	9:00am-12:00pm	8/25-5/29	\$432/\$447
Lunch Bunch (3 Days)	4	M/W/F	12:00-1:00pm	8/25-5/29	
Preschool Express (3 Days)	4	M/W/F	1:00-3:00pm	8/25-5/29	
4/5 Year-Old Option 4D					
Extended Day (5 Days)	4	M-F	9:00am-12:00pm	8/25-5/29	\$736/\$751
Lunch Bunch (5 Days)	4	M-F	12:00-1:00pm	8/25-5/29	
Preschool Express (5 Days)	4	M-F	1:00-3:00pm	8/25-5/29	

*Waitlists will be formed for classes that reach capacity.
Dates and prices are subject to change based on the D304 calendar.*

3 Year-Olds

**2 Days a Week
3 Schedule Options**

The 3 year-old curriculum consists of colors, shapes, fundamental concepts, and introduction to letters and numbers, fine motor skills (cutting, name writing, drawing, etc.), and basic classroom skills. Schedule Option 3 will have a \$35 Mat Fee charged on July 15. Also, Lunch, rest time and additional time for preschool curriculum.

- All preschool options require child to be fully toilet-trained with no diapers or pull-ups.
- Must turn correct age before on 9/1/2025.

4 Year-Olds

**3 Days a Week 2
Schedule Options**

The 4 year-old curriculum consists of the following kindergarten readiness skills: letter and number knowledge, concepts, literacy, sequencing, rhyming, problem solving, music experiences, and fine and gross motor activities.

4-5 Year-Olds

**3 Days or 5 Days a Week
2 Schedule Options**

The 4-5 year-old curriculum is designed to meet the needs of children who have had previous preschool experience, but may not be ready to attend all-day kindergarten. Along with similar 4 year-old curriculum, there is an opportunity to further develop skills in problem solving, self-expression, rest time, and longer periods of engagement. This program will have an additional \$35 Mat Fee charged on July 15. Also, Lunch, rest time and additional time for preschool curriculum.



Geneva Park District Program Registration

Drop off at:

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



FRIENDSHIP STATION PRESCHOOL 2025-26 SCHOOL YEAR REGISTRATION FORM—DEPOSIT

Pre-registration forms for students currently enrolled in Friendship Station Preschool are due by January 9th. Registration for Resident New Students Preschool received by 5pm February 5th will be processed starting February 6th. Non-Resident Registration will be processed starting February 13th.

Preschool Registration must be done in person, emailed to info@genevaparks.com or by mail to Sunset Community Center.

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell / Other Phone # _____

Email _____ Work Phone _____

Childs First /Last Name _____ Birth Date _____ Age _____

T-shirt Size ONLY: (please select one) Youth— Small Medium Large (please note not all programs get a shirt)

3 year old Program—\$50 Registration Fee

OPTIONS: 2-day a week program

3 yr old AM | 9-11:30am T/TH Option: 3A

3 yr old PM | 12:30-3pm T/TH Option: 3B

3 yr old AM Extended 9-12:00pm/Lunch Bunch

12-1pm/Preschool Express 1-3pm | T/TH

Option: 3C

Please rank your preference below:

1st Option: _____

2nd Option: _____

3rd Option: _____

Teacher Request: _____

Note: Teacher Requests are NOT guaranteed.

4 year old Program—\$50 Registration Fee

OPTIONS:

3-day a week program

4 yr old AM | 9-11:30am M/W/F Option: 4A

4 yr old PM | 12:30-3pm M/W/F Option: 4B

3-day a week program

4yr old AM Extended 9-12pm/Lunch Bunch 12-1pm/

Preschool Express 1-3pm | M/W/F Option: 4C

5-day a week program

4yr old AM Extended 9-12pm/Lunch Bunch 12-1pm/

Preschool Express 1-3pm | M-F Option: 4D

Teacher Request: _____

Note: Teacher Requests are NOT guaranteed.

Please rank your preference below:

1st Option: _____

2nd Option: _____

3rd Option: _____

4th Option: _____

By enrolling my child in the Friendship Station Preschool program I understand the following:

1. The Friendship Station Preschool program is open according to the official school calendar of School District 304 and closed during inclement weather days. We will send a FSP School Calendar in early August.

2. 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 1, 2025 and the first day of each month beginning September 1, 2025 through April 1, 2026 (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. All Day Classes will have a \$35 Mat Fee charged mid-July.

3. 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 polices and procedures of Friendship Station Preschool as stated here, on the back and in the Parent Handbook. I give my child/ward permission to participate fully in this program.

Signature _____ Date _____



Detailed Participant Profile (per child)

School Year 2025-26

Friendship Station Preschool

Participant Name _____ Nickname _____

Date of Birth _____ Age _____ Gender _____

Grade entering in Fall 2025 _____ School Friendship Station Preschool

Special Assistance / Accommodations:

Request FVSRA Companion Request more information for special needs accommodations. N/A

The Geneva Park District works in collaboration with Fox Valley Special Recreation Association (FVSRA) to provide additional training to park district staff and when necessary, an inclusion companion to assist the registrant within the program. In order to provide the best customer service, please notify the park district at least **two weeks** prior to the start of the program. For requests received after that time frame, the best efforts will be made to accommodate the registrant.

Participant Address _____

City _____ State _____ Zip _____

Home Phone _____ Main Contact Email _____

Main Parent/Guardian Name _____ Relationship to Child _____
(parent enrolling child in program)

Phone # 1 _____ Phone # 2 _____

Secondary Parent/Guardian Name _____ Relationship to Child _____

Phone # 1 _____ Phone # 2 _____

I give my permission for the Secondary Parent/Guardian listed to have full access to participants enrollment status, access to change information and schedule status.

YES _____ NO
(parent initial)

Emergency / Pick-up Information—Authorized persons, other than parents/guardians listed above, who may be called in an emergency and/or pick up the child from the program. Only authorized individuals listed will be permitted to sign a child out. Anyone picking up (including parents) must be prepared to show a valid photo ID when picking up a child. Minimum age for authorized individual is 16 years.

1. Name _____ Relationship _____ Phone# _____

2. Name _____ Relationship _____ Phone# _____

3. Name _____ Relationship _____ Phone# _____

4. Name _____ Relationship _____ Phone# _____

5. Name _____ Relationship _____ Phone# _____

6. Name _____ Relationship _____ Phone# _____

Office Use Only: Circle One: 3's 4's Circle One: AM PM All Day Circle How Many Days: 2 3

Medical Information

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 # _____

Any activities to be restricted: _____

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

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

List specific allergies, reactions and special instructions: _____

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

If a child needs medication while attending our program you must fill out the Request for Administration of Medicine form. Doctors signature is required on this form.

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

Other limitations or important information: _____

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 _____

Please Note: For severe allergies or medical conditions an additional Geneva Park District form will need to be filled out by a by a physician before class starts. Please email bkeen@genevaparks.com regarding the child’s needs to get the correct form.

General Information

Does the participant have any physical, psychological or emotional limitations of which we should be aware?

YES NO If yes, Please explain:

Please identify any special adaptations or accommodations necessary to assist the participant in participating in our program.

1. Does the participant have siblings in the program? YES NO

If yes, please list name and age below.

2. Has your child participated in our program before? YES NO

3. What is your child looking forward to in our program?

4. Is your child nervous about any aspects of our program? (ex: friends, field trips, specific activities, etc.)

5. What would you like your child to gain from participating in our program?

6. What are your child's special interests or skills?

7. Does your child have any fears? YES NO If yes, what are they and how do you handle them at home?

8. Have there been any incidents with family or school that we should be aware of at this time? Please explain (ex: new babies, divorce, moving, illness of a family member, death, long term visits of relatives, school concerns, etc.)

9. Are there any custody/divorce concerns that the staff should be alerted to? YES NO

If yes, please explain:

Please list any additional comments or concerns you would like us to be aware of:

General Policies

- _____ (parent initial) **LATE POLICY**
It is important that you be on time when picking up your child. Children become worried when you are late. Staff often have other obligations. Please note the time. Parents will be charged \$5.00 for the first 10 minutes of late time and \$1.00 for each minute after.
I understand the above policy, why there is a need for it and agree to abide by it.
- _____ (parent initial) **BEHAVIOR GUIDELINES ACKNOWLEDGEMENT**
I have read and understand the Behavior Guidelines that were established by the Geneva Park District to ensure a safe and enjoyable environment for all participants.
I agree to the discipline procedures outlined in the Parent Manual.
- _____ (parent initial) **FIELD TRIP PERMISSION FORM**
My child, _____, has my permission to go on any field trip (walking or by van/bus) sponsored by the Geneva Park District during the time my child is attending the program. Notification of any trips will be sent home prior to the date the trip is scheduled. Please see program calendar for details.
Not all programs attend field trips
- _____ (parent initial) **REFUND POLICY**
The Geneva Park District office must receive any cancellations 10 business days prior to the start of the session. An application for refund must be completed as cancellation verification. Kids' Zone and Friendship Station Preschool require 10 business days notice for all withdrawals.
- _____ (parent initial) **REVIEW OF POLICIES AND PROCEDURES**
I acknowledge I have reviewed the material outlined in the Parent Manual(s) and agree to the policies and procedures.
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**GENEVA PARK DISTRICT
REQUEST FOR THE ADMINISTRATION OF MEDICINE 2025-26**

MEDICATIONS CANNOT BE ADMINISTERED AT THE PARK DISTRICT WITHOUT A DOCTOR'S WRITTEN ORDER AND A WRITTEN REQUEST FROM THE PARENT OR GUARDIAN.

Name of Participant _____ Date of Birth _____
Address City/Zip _____
Day Phone _____ Work Phone _____ Cell Phone # _____
Program _____ Grade _____

Part I - Physician's Statement

1. Name/type of medication _____
2. Dosage/amount to be given _____
3. Route of administration _____
4. Frequency and time of administration _____
5. Duration (week, month, indefinite, etc.) _____
6. Diagnosis, intended effect, and anticipated reaction to medication _____

(Symptoms, side effects, etc.) _____

7. Other medication child is receiving _____
8. Other requirements _____

9. Must this medication be administered during the Park District program in order to allow the participant to attend the program? Yes No

Physician's Signature

Date Signed

Address

Telephone No.

Part II - Parent's Request/Approval

I hereby request and grant permission for Park District staff to dispense medication to my child, _____, according to the above instructions. I further waive any claims against the Park District, members of the Board of Commissioners, its employees, and agents arising out of the administration of said medication and agree to hold harmless and indemnify the Park District, the members of the Board of Commissioners, its employees and agents, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorney fees, resulting from or arising out of the administration of medication.

Parent / Guardian Signature _____ Phone # _____ Date _____