Preschool Registration Form

Please fill out this form carefully. Incomplete or inaccurate information will delay your registration.
Registration continues until classes are filled.

School Year _____

☐ **Priority/Alumni**
☐ **Resident**
☐ **Nonresident**

Family's Last Name:

Home Phone #: ( )

Address:

Cell Phone #: ( )

City, Zip

Parent/Guardian 1 Work #: ( )

E-Mail Address:

Parent/Guardian 2 Work #: ( )

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 below identified programs/activities, 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 said programs/activities (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/activities, 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/activities against the Dundee Township 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 on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PHOTO/VIDEO POLICY The District occasionally takes photographs or video of participants for promoting/advertising our programs, services, events, activities, and facilities in our brochures, website or agency social media, and other promotional avenues. By registering for, participating in or attending District programs, events, or other activities, the participant (or parent/guardian of a minor participant) irrevocably agrees to the use and distribution by the Park District of his or her image (or of his minor child/ward) in photographs, video recordings, and any other electronic reproductions of such programs, events and activities for any purpose without inspection or approval and without compensation, rights to royalties or any other consideration now and in the future.

Participant's Name _____

Parent's Signature _____ (Parent/Guardian) Date _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

Fill in 1st & 2nd Choices to better your chances for getting into a preschool class. One choice will not guarantee your spot.

Participant's Name	Sex	Birthdate	Program Name	Sibling	Program Number	Age	Fee
			1st Choice				
			2nd Choice				
			1st Choice				
			2nd Choice				

PAYMENT: Complete the attached Automatic Credit/Debit Authorization Form.

A payment plus a $40 nonrefundable yearly registration fee per child are required upon registration.

ADA COMPLIANCE: Please notify staff at time of registration if you require special accessibility or accommodations for your participation in these programs. ☐

Total Fees:

FOR MAIL AND FAX ONLY

FILL IN CHARGE INFORMATION. Cash and checks will no longer be accepted for this program.

Check One	Card Number	Expiration
❑ **VISA**		
❑ **MasterCard**	Amount of Payment	CVV Code
❑ **Discover**		
❑ **Amer. Exp.**	Authorized Signature **X**	

RETURN FORM: Mail, Drop Off or Fax:

Dundee Township Park District Rakow Center
665 Barrington Ave.
Carpentersville, IL 60110
FAX: (847) 262-3609

Randall Oaks Recreation Center
500 N. Randall Rd., West Dundee, IL 60118
FAX: 847-428-4880

Website: www.dtpd.org