

Lake Bluff Preschool Registration

355 W. Washington Avenue Lake Bluff, Illinois 60044 • Phone 847-234-4150

Resident registration for the 2019–2020 program will be accepted at Guest Services.

Family's Last Name _____ Contact Phone _____

Child's Last Name if Different from Parent _____

Address _____ City _____ Zip Code _____

Preferred Email Address _____

Mother's Name (if residing in household) _____ Mother's Cell Phone _____

Father's Name (if residing in household) _____ Father's Cell Phone _____

Program Code	Name of Child	Gender	Birthdate Mo/Day/Yr	Age as of 09/01/19	Days/Time

Billing Agreement on other side must be completed and signed for registration to be complete.

Do you need any accommodation, in accordance with the Americans with Disabilities Act, to effectively participate in the above activity and/or facility? Yes No
Please call the Park District office at 847-234-4150 x 0 to confirm your request for accommodation.

INSURANCE LIABILITY WAIVER The Lake Bluff Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Lake Bluff Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants' safety. Please recognize that the Lake Bluff Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake Bluff Park District automatically responsible for payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District **REQUIRES** the execution of the following Waiver and Release. Your cooperation is greatly appreciated. Please read this form carefully and be aware in participating in the program(s) listed above, you will be waiving and **releasing all claims for injuries you might sustain arising out of the activities of this program.**

WAIVER AND RELEASE OF ALL CLAIMS As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with such program (including transportation services and vehicle operations, when provided). I agree to waive and relinquish all claims I may have as a result of participating in the program against the District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation. I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program.

PERMISSION TO SECURE TREATMENT In the event of emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and I agree that I will be responsible for payment of any and all medical services required. I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment. (Note: Please sign in an appropriate space below.)

I have carefully read the insurance liability waiver on this page, and I understand that my signature is required below in order to participate in Lake Bluff Park District programs.

Signature _____ Date _____

Fill Out Other Side of this Page—Registration is Then Complete!

Lake Bluff Preschool Billing Agreement

First & Last Name on Credit/Debit Card: _____

Credit/Debit Card: _____

Exp Date: _____

CVC#: _____

Circle One:

Paying in Full (add \$50/program for N-R only) Code# _____ \$ _____

OR

Payment Plan (add \$50/program for N-R only to 1st payment)

Code	Child's Name	1 st Payment (N-R add \$50)	Remaining 8 Payments

For Afternoon Kindergarten ONLY: Circle the 3, 4, or 5 days attending each week: M Tu W Th F

TERMS & CONDITIONS

- By signing this agreement, I agree to pay the Lake Bluff Park District Preschool tuition payments shown above either in full or in 9 installment payments. I agree to be liable for the 2019–2020 tuition, with the first payment to be paid at the time of registration and remaining payments on the fifteenth day of the month or up to five business days after for September 2019 through April 2020. Non-Residents pay an additional \$50 for all programs which is due at the time of registration and added to the first payment.
- I agree it is my responsibility to have adequate funds in my account to cover these transactions and to update my credit card/debit card information if it should change.
- Requests for withdrawal from this program must be made in writing and approved in order to cancel this billing agreement and will require a final fee that corresponds with the cancellation policy. A portion of your first payment (\$125) is Non-Refundable so if you withdraw prior to the start of the program, a service charge of \$125 applies. If withdrawing during the program, your withdrawal is prorated out with the last day attended and with the service charge of \$125.
- Registrants starting after the first day of school will have their tuition prorated with their actual starting date.
- Any transaction rejected due to no fault of the Park District will be assessed a \$20 service fee each time.

Signature: _____ Date: _____

Fill Out Other Side of this Page—Registration is Then Complete!