

Preschool Registration Form

One Child Per Registration Form

Please check if this is a new address.

Family Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Parent Contact Name _____

Email Address _____

Please check the area where you reside within the village:

- North of North Avenue
- North of St. Charles to North Ave.
- North of Madison to St. Charles
- North of Roosevelt to Madison
- South of Roosevelt
- Non-Resident

Please print and fill out completely.

Don't forget to sign the waiver.

Registration Processing Dates:

Returning Residents - March 22

New Residents - March 23

Returning Non-Residents - March 24

New Non-Residents - March 25

Child's Full Name _____

First Name Middle Name Last Name

Boy Girl Date of Birth: _____ Name to be called in school _____

Please attach and check the following for your registration to be complete:

_____ \$80 Registration Fee _____ Copy of Birth Certificate

Please indicate 1st choice and 2nd choice below by placing a #1 by your first choice and #2 by your second choice.

<p style="text-align: center;">2 1/2 YEAR OLD PROGRAM <i>(2 1/2 YEAR OLD PROGRAM CHILD MUST BE 3 YEARS OLD BY 3/1/11)</i></p> <p>_____ Tue/Thur am 9:15-11:15 am</p> <p style="text-align: center;">3 YEAR OLD PROGRAMS <i>(3 YEAR OLD PROGRAM CHILD MUST BE 3 YEARS OLD BY 9/1/10)</i></p> <p>_____ M/W am 8:45-11:15 am</p> <p style="text-align: center;">_____ <i>Optional Friday Class</i> 8:45-11:15 am</p> <p>_____ Tue/Thur pm 12:15-2:45 pm</p> <p style="text-align: center;">_____ <i>Optional Friday Class</i> 8:45-11:15 am</p>	<p style="text-align: center;">4 YEAR OLD PROGRAMS <i>(CHILD MUST BE 4 YEARS OLD BY 9/1/10)</i></p> <p>_____ M/W/F a.m. 8:45-11:15 am Rm. 8</p> <p>_____ T/TH a.m. 8:45-11:15 am Rm. 8</p> <p>_____ M/W/F a.m. 8:45-11:15 am Rm. 7</p>
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Please complete if you are using Visa or Mastercard

Visa Mastercard / Name _____

Card No. _____ Exp. _____

Authorized Signature _____

Please make checks payable to **Villa Park Recreation Department.**

Special Accommodations

Please describe any special accommodations needed for the enjoyment of this program.

Please read and sign the waiver/release of all claims and emergency treatment permission form on the reverse side. This waiver/release must be read and signed by each participating adult 18 years and over, and by a parent or legal guardian for each participant under the age of 18.

Registrations will be returned if incomplete.

Mail-In/Drop Off

The Iowa Community Center
338 N. Iowa Ave.
Villa Park, IL 60181 or

The Community Recreation Building
320 E. Wildwood Ave.
Villa Park, IL 60181

For Office Use Only:

Date Received _____ ICC

Date Processed _____ CRB

Amount Received _____

Cash _____ Check _____ Chrg _____

Preschool Waiver & Release - 2010-2011

**VILLAGE OF VILLA PARK
RECREATION DEPARTMENT
WAIVER/RELEASE OF ALL CLAIMS
AND EMERGENCY TREATMENT PERMISSION**

Please read this form carefully and be aware that by signing this form and participating in the programs listed that you will be waiving and releasing all claims for injuries you or your children might sustain arising out of these programs.

RELEASE AND HOLD HARMLESS AGREEMENT

As a participant in this Villa Park Recreation Department program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this program against the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers. I further agree to indemnify, hold harmless and defend the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers from and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my children arising out of, in connection with, or in any way associated with the activities of this program.

I give my child permission to participate in this program, and on the child's behalf as a parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers for damages and/or injuries which my arise from my child's participation in this program.

EMERGENCY TREATMENT PERMISSION

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of a parent or legal guardian is necessary for unmarried minors (under 18) except in such cases. Written consent is required for all other treatment.

Accordingly, as a parent and/or legal guardian, I do herewith authorize the treatment of the minor enrolling in this program in the event of a medical emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered. I understand that the Village does not provide medical insurance for program participants.

I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

ACKNOWLEDGEMENT

I have read and fully understand the registration policies, the "Release and Hold Harmless Agreement" and the "Emergency Treatment Permission". This release and medical authorization form is completed and signed of my own free will even though I understand it is a requirement for participation in this program. I represent to the Village of Villa Park that I am familiar with the program and its physical demands and I attest and verify that the participant, whether myself or my child is physically fit for this program.

Child's Name (Please Print)

Parent or Legal Guardian Signature

Address

Date

Home Phone

Work Phone

This waiver must be signed by all participating adults 18 years old and over, and by a parent or legal guardian