

# 2024-2025 Preschool Class Information

### 3-4 year olds

(Students must be 3 by September 1, 2024)

One teacher and one teacher aide (17 students max)

Tuesday and Thursday 9/3/24 – 5/16/25 2 Days per week

| Location        | Class Time   | Pay in Full | Payment Plan  |
|-----------------|--------------|-------------|---------------|
| Camelot Park    | 9:00-11:30am |             |               |
| Pioneer Park    | 9:00-11:30am | \$1,406     | \$1,456       |
| Recreation Park | 9:00-11:30am |             | 7 payments of |
|                 |              |             | \$208         |

# 4-5 year olds

(Students must be 4 by September 1, 2024)

One teacher and one teacher aide (20 students max)

Monday / Wednesday / Friday 9/4/24 – 5/17/25 3 Days per week

| Location        | Class Time   | Pay in Full | Payment Plan  |
|-----------------|--------------|-------------|---------------|
| Camelot Park    | 9:00-12:00pm |             |               |
| Pioneer Park    | 9:00-12:00pm | \$2,470     | \$2,520       |
| Recreation Park | 9:00-12:00pm |             | 7 payments of |
|                 |              |             | \$360         |

### 4-5 year olds

(Students must be 4 by September 1, 2024)

One teacher and one teacher aide (20 students max)

Monday-Friday 9/3/24 – 5/17/25 **5 days per week** 

| Location      | Class Time   | Pay in Full | Payment Plan                      |
|---------------|--------------|-------------|-----------------------------------|
| Frontier Park | 9:00-12:00pm | \$4,198     | \$4,249<br>7 payments of<br>\$607 |



# 2024-2025 Preschool General Registration Form

One registration form per child. Please turn in your completed forms to either Camelot or Pioneer Park
Community Center by February 26

| Child's First Name:   | Child's Last Name:   |   | Gender: M F  |
|---|--|---|--|
| Home Phone:   | Cell Pho   | one:  |  |
| Street Address:   |  | Date of Birth:  |  |
| City:   | State:   | Zip:  |  |
| Email:  |  | -   |  |
| Payer's Information: Payer's  | Name:  | Date of Birth:  |  |
| Payer's address (if different th  | nan above):  |   |  |
| Circle Preschool Class:   | 3/4-year-old preschool 4   | l/5-year-old preschool  |  |
| Choice #1   | <del></del>  |   |  |
| Choice #2   |  |   |  |
|   | with Disabilities Act, are there any spec  |   | e requested. If yes,   |
| Payment Option:   | Start Date (If starting afte   | er 9/3 or 9/4):   |  |
| Pay in Full \$1,406 for 3/4 y   | rear old preschool \$2,470 for 4/5 year old  | preschool (3 day) \$4,198 4/5 yea   | r old preschool (5 day)  |
| Payment Plan <b>\$</b> 1,456 for 3/4-   | year-old preschool \$2,520 for 4/5-year-old  | d preschool (3 day) \$4,249 4/5-yea   | r-old preschool (5 day)  |
| ** Fill out Payment Plan Auth   | orization Form attached.   |   |  |
| Total Due at Time of Registra   | tion: \$35 Payment Type:   | Cash Check Bar  | nk Card  |
| A \$35 non-refundable fee is d  | ue at the time of registration. See Po   | ayment Information sheet for r  | nore information.  |
| VAIVER AND RELEASE OF ALL CLA   | IMS AND ASSUMPTION OF RISK   |   |  |
| nd releasing all claims for injuries, damage  | e that signing up and participating in this program<br>s or loss which you or your minor child/ward may<br>transportation services and vehicle operations, w   | sustain as a result of participating in any   |  |
| njuries, damages or loss, regardless of sev<br>claims I or my minor child/ward may have | e certain risks of physical injury to participants in a<br>erity, that my minor child/ward or I may sustain a<br>e (or accrue to me or my child/ward) as a result of<br>nd employees. PARTICIPATION WILL BE DENI | is a result of said participation. I further a<br>participating in this program against the A | gree to waive and relinquish all<br>Arlington Heights Park District, |
| LEASE PRINT Participant's Name  |  |   |  |
| have read and fully understand the above  | waiver and release of all claims and assumption  | n of risk.  |  |
| Parent/Guardian Signature   | Date   |   |  |
|   |  |   |  |



# 2024-2025 Preschool Payment Information Payment Authorization Form

#### **Preschool Pay in Full Option:**

\$35 non-refundable deposit due with registration form to be processed after the February  $26^{th}$  lottery. Friday, May 10, full amount auto billed.

(\$50 discount applied to paid in full option.)

#### **Payment Plan Option:**

\$35 non-refundable deposit due with registration form to be processed after the February 26<sup>th</sup> lottery. 7 auto-payments are deducted on: May 10, Sept 10, Oct 10, Nov 10, Dec 10, Jan 10 & Feb 10.

Child's Name: \_\_\_\_\_\_ Preschool Site: \_\_\_\_\_

| Payment Plan Form of Payment:   |
|---|
| Credit or Bank Card - Last 4 Digits of Card:  Account Profile Name card is saved under:   |
| For security protection, your full credit or debit card number cannot be written on this form.  |
| Credit/Debit Card Number MUST be entered in your online account as a Saved Credit Card.   |
| <ul> <li>Login into AHPD Registration. Click <u>Login</u>.</li> <li>Click <u>My Account</u>. Click <u>List Saved Credit Cards</u>.</li> <li>Click <u>Add New</u> to enter a credit/debit card number.*</li> <li>*Enter the credit/debit card number you wish the auto-payments to be deducted from.</li> </ul>  |
| I understand that a \$35 non-refundable deposit is due at the time of registration for the Payment Plan option. I understand that the payments will be automatically deducted from my saved bank card on the dates listed above Any declined payments will be placed on your account as a balance due and must be paid off immediately to continue enrollment in preschool. |
| Signature: Date:  |



| Office Use Only   |  |
|-------------------|--|
| Class Code#       |  |
| Park Enrolled     |  |
| Start Date        |  |
| Proof of Birth    |  |
| Employee Initials |  |

# ARLINGTON HEIGHTS PARK DISTRICT 2024-2025 PRESCHOOL STUDENT INFORMATION FORM

| Child's Name                     |                                 |                              | Gender      |
|----------------------------------|---------------------------------|------------------------------|-------------|
| Child's Birth Date               |                                 |                              |             |
| montl                            | n/day/year                      |                              |             |
| Name to be used at school (on    | name tag)                       |                              |             |
| Address                          |                                 |                              |             |
| City                             |                                 | Zip                          | <del></del> |
| Father's Name                    |                                 | Business Phone               |             |
| Mother's Name                    | Business Phone                  |                              |             |
| Primary Phone (mom)              |                                 | Primary Phone (dad)          |             |
| Indicate name and relationship   | of those other than parents     | authorized to pick child up: |             |
| Emergency Phone (Please give     | two contacts other than pare    | ents)                        |             |
| • , ,                            | ·                               | Phone                        |             |
|                                  |                                 | Phone                        |             |
| Parent email                     |                                 |                              |             |
|                                  |                                 | commodations needed          |             |
| Names and ages of brothers ar    | nd sisters                      |                              |             |
| Any nets?                        |                                 |                              |             |
| Briefly describe your child's pe | rsonality                       |                              |             |
| Have you moved recently?         |                                 |                              |             |
|                                  |                                 |                              |             |
| ·                                |                                 |                              |             |
|                                  |                                 | w?                           |             |
|                                  |                                 |                              |             |
| What are your goals/expectati    | ons for your child in their pre | school experience?           |             |
|                                  |                                 |                              |             |
|                                  |                                 |                              |             |

May we use your name, phone number, address and email for class list distribution? [] yes [] no

#### ARLINGTON HEIGHTS PARK DISTRICT EMERGENCY CONTACT FORM

#### PRESCHOOL PROGRAM

| CHILD'S NAME  | <u>2024-2025 PRESCHOOL YEAR</u>                          |
|---|--|
| HOME ADDRESS  |  |
|   | PARENT'S NAME  |
| Primary PHONE   | Primary PHONE  |
| EMAIL   | EMAIL  |
| EMERGENCY CARE (Please list names of two adults of      | other than the parents who could be contacted if needed) |
| NAME  | PHONE  |
| NAME  | PHONE  |
| FAMILY PHYSICIAN  |  |
| PHYSICIAN'S PHONE NUMBER                                |  |
| List any medical allergies, chronic illnesses, daily me | dication or other important condition information:       |
|   |  |
|   |  |
|   |  |