



## 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	\$1,406	\$1,456 7 payments of \$208
Pioneer Park	9:00-11:30am		
Recreation Park	9:00-11:30am		

### 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	\$2,470	\$2,520 7 payments of \$360
Pioneer Park	9:00-12:00pm		
Recreation Park	9:00-12:00pm		

### 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 7 payments of \$607





## 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<sup>th</sup> 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.***

- Login into AHPD Registration. Click [Login](#).
- Click [My Account](#). Click [List Saved Credit Cards](#).  
Click [Add New](#) to enter a credit/debit card number.\*
- \*Enter the credit/debit card number you wish the auto-payments to be deducted from.

*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 \_\_\_\_\_  
month/day/year

Name to be used at school (on name tag) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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 parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Parent email \_\_\_\_\_

Any allergies (food or animal), hospitalizations, or special accommodations needed \_\_\_\_\_

Names and ages of brothers and sisters \_\_\_\_\_

Any pets? \_\_\_\_\_

Briefly describe your child's personality \_\_\_\_\_

Have you moved recently? \_\_\_\_\_

List major holidays celebrated \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Are there any problems or concerns the teacher should know? \_\_\_\_\_

What are your goals/expectations for your child in their preschool 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 \_\_\_\_\_ 2024-2025 PRESCHOOL YEAR

HOME ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

Primary PHONE \_\_\_\_\_ Primary PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CARE (Please list names of two adults 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 medication or other important condition information:

\_\_\_\_\_  
\_\_\_\_\_