2025-2026 Preschool General Registration Form

Please turn in your general registration form to one of the three locations: Camelot, Pioneer, or the Administration Building. All forms will be placed in the lottery for March 3, 2025.

Child's First Name: ______________________Child's Last Name: ___________________________Gender: M F

Home Phone: ___________________________________ Cell Phone: ___________________________________

Street Address: ____ Date of Birth: __________________

City: ____ State: _________________ Zip: _________________

Email: ____

Payer's Information: Payer's Name: ________________________________ Date of Birth: __________________

Payer's address (if different than above): ____

Circle Preschool Class: 3/4-year-old preschool 4/5-year-old 3 day-preschool

4/5-year-old 5 day-preschool

Preschool Location (name of park): ____

In accordance with the American with Disabilities Act, are there any special accommodations or assistance requested. If yes, please explain: ____

Payment Option: Start Date (If starting after 9/2 or 9/3): __________________________

_____ Pay in Full $1,450 for 3/4 year old preschool $2,550 for 4/5 year old preschool (3 day) $4,320 4/5 year old preschool (5 day)

_____ Payment Plan **$**1,498 for 3/4-year-old preschool $2,597 for 4/5-year-old preschool (3 day) $4,368 4/5-year-old preschool (5 day)

** Fill out Payment Plan Authorization Form attached.

Total Due at Time of Registration: **$35** **Payment Type**: ____ Cash _____ Check _____ Bank Card

A $35 non-refundable fee is due at the time of registration. See Payment Information sheet for more information.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that signing up and participating in this program, 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 may sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services and vehicle operations, when provided.)

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, 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 this program against the Arlington Heights Park District, including its officials, agents, volunteers and employees. **PARTICIPATION WILL BE DENIED if the signature of parent/guardian and date are not on this waiver.**

PLEASE PRINT Participant's Name _______________________________________

I have read and fully understand the above waiver and release of all claims and assumption of risk.

Parent/Guardian Signature ____________________________________ **Date** _______________________

2025-2026 Preschool Payment Information
Payment Authorization Form

Preschool Pay in Full Option:
$35 non-refundable deposit due with registration form to be processed after the March 3rd lottery.
Thursday, May 1, 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 March 3rd lottery.
7 auto-payments are deducted on: May 1, Sept 1, Oct 1, Nov 1, Dec 1, Jan 1 & Feb 1.

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

2025-2026 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 _____________________________

Family Member Name _______________________________ Business Phone ______________________________

Family Member Name _______________________________ Business Phone ______________________________

Primary Phone (Parent/Guardian #1)____

Primary Phone (Parent/Guardian #2) ____

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? ____

Parent/ Guardian(s) occupation? ____

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? ______________________

____

What school will your child be attending for kindergarten? _______________________________

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 ____ 2025-2026 PRESCHOOL YEAR

HOME ADDRESS ____

PARENT'S NAME ___________________________________ PARENT'S NAME _____________________________

MAIN PHONE ______________________________________ MAIN 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:

____

____