



# 2026-2027 Preschool General Registration Form

*One registration form per child. 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 2, 2026.*

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 2-day preschool

4/5-year-old 3-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 9/1 or 9/2): \_\_\_\_\_

\_\_\_\_\_ Pay in Full \$1,497 for 3/4-year-old preschool \$2,631 for 4/5-year-old preschool (3 day)

\_\_\_\_\_ Payment Plan \$1,547 for 3/4-year-old preschool \$2,681 for 4/5-year-old preschool (3 day)

\*\* Fill out Payment Plan Authorization Form attached.

**Total Due at Time of Registration:** \$40 **Payment Type:** \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Bank Card

*A \$40 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 \_\_\_\_\_



## 2026-2027 Preschool Payment Information Payment Authorization Form

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

\$40 non-refundable deposit due with registration form to be processed after the March 2<sup>nd</sup> lottery.  
Friday, May 1, full amount auto billed.  
(\$50 discount applied to paid in full option.)

### **Payment Plan Option:**

\$40 non-refundable deposit due with registration form to be processed after the March 2<sup>nd</sup> 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 \$40 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: \_\_\_\_\_



**2026-2027**

**Preschool Class Information**

**3–4-year-olds**

*(Students must be 3 by September 1, 2026)*

One teacher and one teacher aide (17 students max)

Tuesday and Thursday 9/1/26 – 5/13/27 **2 Days per week**

Location	Class Time	Pay in Full	Payment Plan
Camelot Park	9:00-11:30am	<b>\$1,497</b>	<b>\$1,547</b> 7 payments of \$221
Pioneer Park	9:00-11:30am		
Recreation Park @ Frontier Park	9:00-11:30am		

**4–5-year-olds**

*(Students must be 4 by September 1, 2026)*

One teacher and one teacher aide (20 students max)

Monday / Wednesday / Friday 9/2/26– 5/14/27 **3 Days per week**

Location	Class Time	Pay in Full	Payment Plan
Camelot Park	9:00-12:00pm	<b>\$2,631</b>	<b>\$2,681</b> 7 payments of \$383
Pioneer Park	9:00-12:00pm		
Recreation Park @ Frontier Park	9:00-12:00pm		



Office Use Only  
Class Code # \_\_\_\_\_  
Park Enrolled \_\_\_\_\_  
Start Date \_\_\_\_\_  
Proof of Birth \_\_\_\_\_  
Employee Initials \_\_\_\_\_

**ARLINGTON HEIGHTS PARK DISTRICT  
2026-2027 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**

2026-2027 PRESCHOOL YEAR

CHILD'S NAME \_\_\_\_\_

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:

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