



**PRESCHOOL
REGISTRATION/ENROLLMENT FORM**

Please Print

Child's Name _____ M _____ F _____
Last First

Home Address _____
Street Address Apt/Unit # City Zip Code

Home Phone _____ Birth Date _____ / _____ / _____
Month Day Year

Mother's Name _____ Work Phone _____ Cell# _____

Father's Name _____ Work Phone _____ Cell# _____

Does the child have any disabilities, allergies or other health problems that we should be aware?

Yes ___ No ___ If yes, please explain.

Does the child require any disability-related special accommodations or assistance?

Yes ___ No ___ If yes, please explain.

MEDICAL CARE AUTHORIZATION:

If your child sustains a minor injury, the Preschool staff will administer basic first aid. If the injury requires more than basic first aid, your child will be taken to the nearest hospital for emergency medical care. By signing this form, you are authorizing the Preschool staff to provide basic first aid and/or obtain emergency medical care for your child and you agree to pay for all charges related to the medical care provided.

* * * * *

Staff Use Only

_____ A.M. 5 Days \$250.00 Deposit - Date & Receipt No. _____

_____ P.M. 4 Days \$225.00 Deposit - Date & Receipt No. _____

MAKE CHECKS PAYABLE TO: GOLF MAINE PARK DISTRICT

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REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED & SIGNED BY PARENT/GUARDIAN

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION

In the event of an emergency, you and/or the child's other parent/guardian also listed on this form will be contacted first. Please provide below the names of at least two (2) other individuals who can be contacted if parents/guardians cannot be reached. By listing these individuals, you are authorizing them to pick-up your child from our Preschool program:

1. Name _____ Relationship _____
Home Phone _____ Work Phone _____
2. Name _____ Relationship _____
Home Phone _____ Work Phone _____
3. Name _____ Relationship _____
Home Phone _____ Work Phone _____
4. Name _____ Relationship _____
Home Phone _____ Work Phone _____

PHOTO POLICY:

Photographs are occasionally taken of participants in our park district programs and may appear in local newspapers and/or park district publications for promotional/public relations purposes.

MEDICAL/HEALTH REQUIREMENTS:

Compliance with the Preschool 'Health and Medical Requirements' is Mandatory before the child begins school.

WAIVER & RELEASE OF ALL CLAIMS FORMS

As a participant in the above program(s), those listed above recognize and acknowledge that there are certain risks of physical injury and those listed above agree to assume the full risk of any injuries, including death, damages or loss which those listed above sustain as a result of participation in any and all activities connected with or associated with such programs. Those listed above agree to waive and relinquish all claims those listed above may have as a result of participation in the programs(s) against the Golf Maine Park District, its officers, agents, servants and employees. Those listed above hereby fully release and discharge the Golf Maine Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which may accrue to those listed above on account of participation in the program(s).

Those listed above further agree to indemnify and hold harmless and defend the Golf Maine Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by those listed above arising out of, connected with, or in any way associated with the activities of the program(s).

I have read the above recreation waiver and release of all claims and understand that my signature is required below in order to participate in any Golf Maine Park District programs. Signature is required of all participants 18 years or older and of parent/guardian for those participants under 18 years of age.

Parent/Guardian Signature

Date