

Tiny Tot Preschool Fall 2020

Registration and Payment Plan Form



A copy of child's original county-issued birth certificate must be presented at registration.

Return completed form along with fee to: Bensenville Park District 1000 W. Wood St. Bensenville IL 60106

Family Last Name _____ E-mail address _____

Participant Name _____ Age _____ Birthdate _____

Address _____ City _____ Zip _____

Home # _____ Cell # _____ Emergency # _____

Check Class Time/Day Choice

- | | | | | | | |
|--------------------------|------|--------------|-----------|--------------|---------------|--|
| <input type="checkbox"/> | M/W | 9:00-11:30am | 685500-02 | 4-5 year old | \$135 \$145 | Child must be 4 on or before Sept. 1, 2020 |
| <input type="checkbox"/> | M/W | 12:30-1:30pm | 685500-02 | 4-5 year old | \$135 \$145 | Child must be 4 on or before Sept. 1, 2020 |
| <input type="checkbox"/> | T/TH | 9:00-10:00am | 685503-01 | 3 year old | \$135 \$145 | Child must be 3 on or before Sept. 1, 2020 |

Total Due _____

Note: If check is returned to the park district stamped insufficient funds, full payment as well as a \$25 penalty will be required in cash or credit card before attendance in the class can continue.

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs." I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the park district and its officers, agents, servants and employees from any and all claims resulting from injuries including: loss of life, damages and loss sustained by me and arising out of, connected with or in any way associated with activities of the program. I hereby agree and consent to give the Bensenville Park District unlimited rights to use any photographs or video footage of me (my child), in which I (he/she) may be included in whole or in part, for publication. And I waive all claims for compensation for such use.

Parent or Guardian Signature _____

Note: this registration form cannot be processed without the above signature.

List any special accommodations that you may require
