



Buffalo Grove Park District
Preschool Registration 2023 – 2024

For Office Use only:
 _____ Birth Certificate
 _____ Proof of residency-In District

	Code #	Program Name
First Choice		
Second Choice		

Child's First Name: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Gender: _____

Guardian's Name: _____ Guardian's Name: _____

Guardian's Work #: _____ Guardian's Work #: _____

Guardian's Cell #: _____ Guardian's Cell #: _____

Primary Email: _____ Secondary Email: _____

Alternate **Local** Contact Person: _____ Phone #: _____
(Other than names listed above)

1.) Does your child have any allergies or other medical information we should be aware of, as well as any further information (i.e. accessibility plan) that you believe will be helpful to staff in understanding and caring for your child/ward: _____

2.) Will medication need to be given? Yes No. If yes, please complete Medication Dispensing Info. Form via website bgparks.org.

WAIVER AND RELEASE OF ALL CLAIMS - Must be signed or registration cannot be processed.
 Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further 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, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward.

I have read and fully understand the program details and waiver and release of all claims.

Signature of Parent/Legal guardian

Relationship to child

Date

Printed Name



Buffalo Grove Park District Payment Agreement Form

Child's Name: _____ Home Phone #: _____

Address: _____ City: _____ Zip: _____

Payment Options

Please Select One:

- Payment in Full (Put total tuition amount on the deposit line below.)
- Deposit Now + Credit Card Auto Payments (Indicate how deposit will be made and list card you want auto payments to go to.)

Deposit Payment

Indicate payment method for deposit of \$100. Deposits are non-refundable/non-transferable and are applied toward tuition. Due to internet security precautions, forms are only accepted via fax, mail or in-person. Credit Card information is not accepted by email.

DEPOSIT PAYMENT \$: _____ () CHECK #: _____ () CASH

() Credit Card #: _____ CVV: _____ Expiration Date: _____

Credit Card Automatic Payment Agreement

Payments will be debited on, or around, the 15th of each month from August 2023 through April 2024.

Credit card payments that are declined will be charged a \$15.00 service fee by the Buffalo Grove Park District. If a credit card payment is declined, payment must then be resubmitted with the \$15.00 service fee in the form of cash, money order, check, cashier's check or an alternative credit card. If a parent/guardian is delinquent on a child's account, and does not submit payment within one week of the delinquency, the child will be removed from the program.

If you wish to discontinue your credit card automatic payment agreement and pay in full, report your credit card lost, stolen, compromised or provide a current expiration date, you must notify the Buffalo Grove Park District office: Attn: Office Manager in writing (forms are available at the Park District and on line at bgparks.org) within five business days prior to the posting.

If you wish to change to a different credit card you must notify Office Manager in writing (forms are available at the Park District and on line) within five business days prior to the posting and include a \$5.00 service fee. Payment for this service fee can be made by credit card check, cash or money order. If notification is not received five business days prior to the posting and there is a decline for any reason there is a \$15.00 service fee.

Cardholder Name _____

Credit Card Number _____ CVV: _____ Exp. Date: _____

I (we) give permission for the Buffalo Grove Park District to charge the amount from the account previously indicated dates above.

Credit Card Auto Payment Authorized Signature: _____ Date: _____

**Due to internet security precautions, the payment form is only accepted via fax, mail or in-person.
Credit card information is not accepted via email.**