



Registration Form (2024/2025 school year)

(one form per child)



1. Complete for head of household – please print

Adult Registrant or Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ **E-mail:** _____

(Provide most current e-mail address for preschool communication)

2. Complete for participant

First Name: _____ Middle: _____ Last: _____

Sex: Male or Female Birthdate: _____ Age: _____

2024-2025 School year Rates effective May 1, 2024-April 30, 2025	
3-5-year-olds \$1502/month (12 mo)*	2-year-olds \$1531/month (12 mo)*

***Fee indicates \$100 deposit applied to tuition and 5% discount for Glenview Residents**

3. In accordance with the Americans with Disabilities Act, describe any accommodation needed for your enjoyment of this program: _____

4. Complete Registration Payment Form with the following:

- ✓ \$100 Non-Refundable Registration Fee (when cancelling your child’s enrollment)
- ✓ First Month Tuition

5. Sign the Waiver

PARTICIPATION WILL BE DENIED if signature of adult participant or parent/guardian and date are not on this waiver.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, 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 might sustain as result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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 wave and relinquish all claims I or my minor child/ward may have (or accrue to my or my child/ward) as a result of participating in this program/activity against the Glenview Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as “Glenview Park District”)

I do hereby fully release and forever discharge the Glenview Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I understand that photos and videos are periodically taken of people participating in Glenview Park District programs and activities and I agree that any photograph or videotape taken by the park district of me or my minor child/ward while participating in a park district program or activity may be used by the park district for promotional purpose including its electronic media, videotapes, brochures, flyers and other publications without additional prior notice.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims as well as the registration policies in the current park district brochure. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

I also agree to the Withdrawal and Refund policy stated on the payment form.

6. Return this form **AND** the Preschool Payment form to:

Park Center, 2400 Chestnut Ave., Glenview, IL 60026 ~ Email: parkcenterpreschool@glenviewparks.org