



# 2024 - 2025 Pre-School Registration Form

Family Last Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

- 2 year old select ( Mon/Wed ) or ( Tue/Thu ) (9am-10:30am)
  3 year olds (Tue/Thu 9am-11:30am)
- 4/5 Half Day (Mon/Wed/Fri 9am-11:30am)
  4/5 Full Day (Mon/Wed/Fri 9am-2pm)

**Midlothian Park District does its best to accommodate those individuals with special needs. If your child needs any special assistance, please initial and we will do our best to assist you.** \_\_\_\_\_

Child's First Name	Child's Last Name	Date of Birth	Gender	Tuition Total
				\$
				\$

Paying monthly
  Paying in full

By signing the back of this form, I agree to pay the Midlothian Park District the sum of \$ \_\_\_\_\_ for 2024-2025.

Monthly Payment: \$ \_\_\_\_\_ (Tuition is due on the 15th of each previous month or next scheduled business day)

Late Payment: \$ \_\_\_\_\_ 50.00 (If payments are not paid 15 days after due date)

Declined Payment: \$ \_\_\_\_\_ 35.00 (If payments are declined by your financial institution) (last 4 digits of cc on file)

Month	Amount Paid	Balance	Initials	Date Paid
<b>Enrollment Payment</b> <small>(due at the time of registration)</small>				
<b>September</b> <small>(August 15 withdrawal)</small>				
<b>October</b> <small>(September 15 withdrawal)</small>				
<b>November</b> <small>(October 15 withdrawal)</small>				
<b>December</b> <small>(November 15 withdrawal)</small>				
<b>January</b> <small>(December 15 withdrawal)</small>				
<b>February</b> <small>(January 15 withdrawal)</small>				
<b>March</b> <small>(February 15 withdrawal)</small>				
<b>April</b> <small>(March 15 withdrawal)</small>				

## THIS WAIVER MUST BE SIGNED BY ALL ADULTS 18 YEARS OLD AND OLDER

The Midlothian Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Midlothian Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, the participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physical fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers are foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, and failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Midlothian Park District to guarantee absolute safety.

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 a result of participating in any and all of the activities connected with and associated with this program/activity (including transportation services, 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 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/activity against the Midlothian Park District, including its officials, agents, volunteers, and employees. I do hereby fully release and forever discharge the Midlothian Park District from any and all claims for injuries, damages, or loss that my child/ward or I may have or which my child/ward or I 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 have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

I hereby understand the Midlothian Park District's Pre-School Tuition & Late Fee Policy and accept all payments (monthly and full tuition).

NOTE: PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Relationship to child

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Office Use ONLY

*Please date and initial next to each form after it is obtained.*

Birth Certificate: \_\_\_\_\_

EFT Form: \_\_\_\_\_

Emergency Form: \_\_\_\_\_

Medication Wavier: \_\_\_\_\_

Inclusion Form: \_\_\_\_\_

Auto-Payment set up: \_\_\_\_\_

\_\_\_\_\_

Renee Grohnke

\_\_\_\_\_

Date



# Monthly Pre-School Payment Agreement

The Monthly Pre-School Payment Agreement is a continuous monthly payment plan from September through April and your enrollment payment. I understand that payments will continue for the 2024 – 2025 school year until cancellation is made in writing to the Midlothian Park District at least 15 days prior to your next drafted payment. I further acknowledge that this agreement is to supersede any previous agreements with the Midlothian Park District.

I \_\_\_\_\_ hereby grant authority to the Midlothian Park District  
Please Print Name  
 to charge my credit card for monthly payments to be deducted every 15<sup>th</sup> of the month (September through April), or next scheduled business day starting with my enrollment payment. To initiate this plan, I agree to remit the enrollment payment, which is non-refundable. If your payment is not paid 15 days after your scheduled due date, your account will be charged \$50.00 and your child will not be allowed to return to class until full payment is made. Payments that are declined by your financial institution are subject to a \$35.00 fee plus any late payment fees.

**PLEASE COMPLETE THE FOLLOWING:**

<b>Credit Card:</b>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover																
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td> </tr> </table>					X	X	X	X	X	X	X	X	X	X	X	X				
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<b>Expiration Date:</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="background-color: black; width: 25px;"> </td><td style="background-color: black; width: 25px;"> </td><td style="background-color: black; width: 25px;"> </td><td style="background-color: black; width: 25px;"> </td> </tr> </table>												<b>CVV Code:</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>								
<b>Billing Address:</b> <hr/> <hr/>																				

<b>Office Use ONLY</b>	
Pre-School Class: _____	Child's Name: _____
Tuition Full Amount: _____	Monthly Amount: _____

I understand that the Monthly Pre-School Payment Agreement Plan is a continuous monthly payment plan and that I will be responsible for all payments from my account unless cancellation is made in writing at least 15 days prior to the date your account is to be drafted. Should any payment not be honored by my account for any reason, I realize that I am still responsible for that payment. The Midlothian Park District must be notified of any changes to the account or credit card in writing at least 15 days prior to the payment date. I further acknowledge that this agreement is to supersede any previous agreements with the Midlothian Park District. All payments are non-refundable and non-transferable and are not prorated due to cancellation.

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date