Registration Procedure

All registration and payments will be accepted at Sunset Community Center, 710 Western Avenue ONLY. Online registration is not available for preschool.

- A $50 deposit is due at the time of registration.
- Proof of age (copy of birth certificate) is required at registration.
- Child must be 3 years old on or before September 1, 2019 to attend our 3-year-old half day programs.
- Child must be 4 years old on or before January 1, 2020 to attend our 3-year-old full day program.
- Child must be 4 years old on or before September 1, 2019 to attend our 4-year-old programs.
- Child must be potty trained (NO Pull-Ups or diapers).
- Currently enrolled students will be given first opportunity to register. However re-enrolling into the program does not guarantee your placement choice whether it be AM or PM.
- The yearly tuition has been divided into an installment plan that includes deposit and 9 equal monthly installments, based on actual school calendar days.

Completed registration includes first month and registration fees, along with the completed registration packet and a copy of the child’s birth certificate.

Cancellation & Payment Information

The Geneva Park District office must receive any cancellations for the 2019-20 Preschool program by 5:00 pm on August 1. An application for refund must be completed as cancellation verification. It is possible to receive a $25 refund if we fill your spot before August 1. Deposits will not be refunded after this date.

Payments received after the final payment due date listed will incur a $10.00 charge each week the payment is past due and could result in loss of your spot. Final payments will be pro-rated if the spot has been replaced.

Important Dates

- January 15: Preschool Open House at Friendship Station Preschool from 6:00 - 7:30 pm.
- January 16: Pre-registration for currently enrolled students due.
- February 5: New Student registration forms due.
- February 6: Random processing of new student (resident) registration forms begins.
- February 19: Non-resident registration will be processed.
- August 1: 5:00 pm Cancellation Deadline. (See above for Cancellation information.)

Please note: All resident registrations received by 9:00 pm on February 5 will be processed randomly beginning February 6. Resident registrations received after 9:00 pm on February 5 will be processed in the order they are received. Non-resident registrations will be processed beginning February 19.

Fall 2019 Registration Fees

* Times, prices, and dates are subject to change.

3 year old Preschool at Friendship Station

- $50 Deposit
- $105 (N/R $108) per month (9 monthly payments)

4 year old Preschool at Friendship Station

- $50 Deposit
- $148 (N/R $151) per month (9 monthly payments)

4 – 5 year old Preschool at Friendship Station

- $50 Deposit
- $552 (N/R $555) per month (9 monthly payments)

Additional Information:

- You may indicate a first and second choice for AM or PM; Half Day or Full Day preschool on your registration form; however, placement is not guaranteed. If your first choice is full and openings exist in your second choice, your child will be registered for the second choice and waitlisted for your first choice.
- You will be notified via email after February 19 if your child has been registered or waitlisted.
- Teacher requests may be written on your form, but requests are NOT guaranteed.

Please note:

There is a $50 non-refundable registration fee.
First payment is due by August 1, 2019.
You may pay the tuition in full during time of registration or sign up for EZ Pay; automatic monthly payments

For EZ Pay Payments, the first payment will be charged on August 1, 2019. Eight (8) additional monthly payments will be charged on the first business day of the month through April 1, 2020.

*We accept credit or debit

Sarah Sielisch, Recreation and Aquatic Supervisor 630-262-2203 / ssielisch@genevaparks.com
Dawn Flesvig, Customer Service / Accounting 630-262-2220 / dflesvig@genevaparks.com
### FRIENDSHIP STATION PRESCHOOL 2019-20 SCHOOL YEAR REGISTRATION FORM—DEPOSIT

Pre-registration forms for students currently enrolled in Friendship Station Preschool are due by January 16th. Registration for Resident New Students Preschool received by 9pm February 5th will be processed starting February 6th. Non-Resident Registration will be processed starting February 19th.

*Preschool Registration must be done in person, by mail or fax, at Sunset Community Center.*

<table>
<thead>
<tr>
<th>Last Name</th>
<th>(Adult) First Name</th>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Home Phone</th>
<th>Cell / Other Phone</th>
<th>Email</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

#### Participants Name

<table>
<thead>
<tr>
<th>Participants Name</th>
<th>Birth Date</th>
<th>Age</th>
</tr>
</thead>
</table>

**3 year old Program—$50 deposit**

**4 year old Program—$50 deposit**

**OPTIONS:**

<table>
<thead>
<tr>
<th>3 yr old AM</th>
<th>9-11:30am T/TH Code 1111003-01</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 yr old PM</td>
<td>12:30-3pm T/TH Code 1111003-02</td>
</tr>
<tr>
<td>3 yr old All Day</td>
<td>9:00-3pm T/TH Code 1111003-03</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 yr old AM</th>
<th>9-11:30am M/W/F Code 1111004-01</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 yr old PM</td>
<td>12:30-3pm M/W/F Code 1111004-02</td>
</tr>
<tr>
<td>4 yr old All Day</td>
<td>9-3pm M/W/F Code 1111005-01</td>
</tr>
</tbody>
</table>

Please rank your preference below:

1st choice—__________

2nd choice—__________

1st choice—__________

2nd choice—__________

3rd choice—__________

4th choice—__________

Teacher Request:

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By enrolling my child in the Friendship Station Preschool program for the 2019-2020 school year, I understand the following:

1. My child will attend:  
   - Three Year Old Program (please circle) AM PM ALL DAY  
   - Four Year Old Program (please circle) AM PM ALL DAY  
   - Four/ Five Year Old Program (please circle) ALL DAY

2. The Friendship Station Preschool program is open according to the official school calendar of School District 304 and closed during inclement weather days.

3. I am responsible for the payment of monthly fees in the amount of ______, which are due by the first of each month. The payments will be made nine installments. The first payment will be made on August 1, 2019 and the first day of each month beginning September 1, 2019 through April 1, 2020 (for a total of nine payments). Credit/Debit cards that are declined will be charged a $25.00 service fee by the Geneva Park District. In addition, a $10.00 late fee will be charged. If a parent/guardian is delinquent on the child’s account (payment has not been received by the 10th of the month that the payment was due), the child will be suspended or removed from the program unless special arrangements have been made with the director of the program.

4. In the event of any absences during program hours/activities, I will be responsible for fees for time reserved, if not actual time spent at the program. I understand that it is my responsibility to call the school and inform them of any absences. Also my child/ward is ever picked up after the program end time, I agree to adhere to the policy and fees regarding late pick-up, as stated in the Friendship Station Preschool Parent Manual.

I agree to adhere to the stated polices and procedures of Friendship Station Preschool as stated here and in the Parent Handbook. I give my child/ward permission to participate fully in this program.

---

**Payment Authorization**

Circle One: VISA MasterCard Discover  

*We accept Visa, MC, and Discover only.

Print name as it appears on card: ________________________________

Credit/Debit Card #: __________________________ Expiration Date: ___________ CVV Code: ___________

Please note: $50 registration fee will be charged at the time of registration.

**Signature of Parent Guardian:** ____________________________ Date: ___________

Signature of Credit/Debit Cardholder: __________________________ Date: ___________

(If different from Parent/Guardian)

For Office Use Only  

Program #: ___________  

For Office Use Only  

Start Date: ___________  

Initials: ___________
Detailed Participant Profile (per child)

Participant Name ____________________________

Date of Birth ____________________ Age ________ Gender ________

Grade entering in Fall 2019 ________ School ____________________________

Special Assistance / Accommodations:

☐ Request FVSRA Companion  ☐ Request more information for special needs accommodations.  ☐ N/A

The Geneva Park District works in collaboration with Fox Valley Special Recreation Association (FVSRA) to provide additional training to park district staff and when necessary, an inclusion companion to assist the registrant within the program. In order to provide the best customer service, please notify the park district at least two weeks prior to the start of the program. For requests received after that time frame, the best efforts will be made to accommodate the registrant.

I give my permission for the Secondary Parent/Guardian listed to have full access to participants enrollment status, access to change information and schedule status.

☐ YES _______________  ☐ NO ____________________________

(Secondary Parent/Guardian initial)

Emergency / Pick-up Information—Authorized persons, other than parents/guardians listed above, who may be called in an emergency and/or pick up the child from the program. Only authorized individuals listed will be permitted to sign a child out. Anyone picking up (including parents) must be prepared to show a valid photo ID when picking up a child. Minimum age for authorized individual is 14 years.

*For participants 10 years or older parents may fill out a Consent/Release Form to allow them to sign themselves out of the program.*

1. Name ____________________________ Relationship ____________________________ Phone# ____________________________

2. Name ____________________________ Relationship ____________________________ Phone# ____________________________

3. Name ____________________________ Relationship ____________________________ Phone# ____________________________

4. Name ____________________________ Relationship ____________________________ Phone# ____________________________

5. Name ____________________________ Relationship ____________________________ Phone# ____________________________

6. Name ____________________________ Relationship ____________________________ Phone# ____________________________
Medical Information

Part I: ILLNESSES & INJURIES (Check any chronic or recurring illness)

☐ Asthma ☐ Hypertension ☐ Heart Defect/Disease
☐ Diabetes ☐ Ear Infection ☐ Musculoskeletal Disorders
☐ Seizures ☐ Bleeding/Clotting ☐ Other: _______________________________

Date of last Health Exam: ____________________ Date of last Tetanus Shot: ____________________

Family Physician: ____________________ Phone #: ____________________

Any activities to be restricted: ______________________________________________________

Part II: ALLERGIES (check any that apply and specify nature of allergic reactions)

☐ Animals ☐ Insect Stings ☐ Pollen
☐ Food ☐ Medication/Drugs ☐ Other (specify) _______________________________
☐ Hay Fever ☐ Plants

List specific allergies, reactions and special instructions: ______________________________________________________

Part III: MEDICATION (please list all, even if they are not taken at the site)

If a child needs medication while attending our program you must fill out the Request for Administration of Medicine form. Doctors signature is required on this form.

Is your child currently taking any medication? ☐ YES ☐ NO

List medication and the purpose of the medication: ______________________________________________________

Part IV: OTHER HEALTH CONDITIONS (check any that apply and describe below)

☐ Hearing Impairment ☐ Motion Sickness ☐ Nosebleeds
☐ Emotional Disturbances ☐ Fainting ☐ Wear Glasses/Contacts
☐ Special Diet Regimen ☐ Visual Impairment ☐ Speech Impediment

Other limitations or important information: ______________________________________________________

Part V: EMERGENCY CARE RELEASE

I hereby authorize the Geneva Park District, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child.

Signature of Parent/Guardian________________________________________ Date_________________
General Information
Does the participant have any physical, psychological or emotional limitations of which we should be aware?
☐ YES  ☐ NO  If yes, Please explain:

Please identify any special adaptations or accommodations necessary to assist the participant in participating in our program.

1. Does the participant have siblings in the program? ☐ YES  ☐ NO
   If yes, please list name and age below.

2. Has your child participate in our program before? ☐ YES  ☐ NO

3. What is your child looking forward to in our program?

4. Is your child nervous about any aspects of our program? (ex: friends, field trips, specific activities, etc.)

5. What would you like your child to gain from participating in our program?

6. What are your child’s special interests or skills?

7. Does your child have any fears? ☐ YES  ☐ NO  If yes, what are they and how do you handle them at home?

8. Have their been any incidents with family or school that we should be aware of at this time? Please explain (ex: new babies, divorce, moving, illness of a family member, death, long term visits of relatives, school concerns, etc.)

9. Are there any custody/divorce concerns that the staff should be alerted to? ☐ YES  ☐ NO
   If yes, please explain:

Please list any additional comments or concerns you would like us to be aware of:
General Policies

LATE POLICY
It is important that you be on time when picking up your child. Children become worried when you are late. Staff often have other obligations. Please note the time. Parents will be charged $5.00 for the first 10 minutes of late time and $1.00 for each minute after.

I understand the above policy, why there is a need for it and agree to abide by it.

BEHAVIOR GUIDELINES ACKNOWLEDGEMENT
I have read and understand the Behavior Guidelines that were established by the Geneva Park District to ensure a safe and enjoyable environment for all participants.

FIELD TRIP PERMISSION FORM
My child, has my permission to go on any field trip (walking or by van/bus) sponsored by the Geneva Park District during the time my child is attending the program. Notification of any trips will be sent home prior to the date the trip is scheduled. Please see program calendar for details.

*Not all programs attend field trips*

REFUND POLICY
The Geneva Park District office must receive any cancellations 10 business days prior to the start of the session. An application for refund must be completed as cancellation verification. Kids’ Zone and Friendship Station Preschool require 10 business days notice for all withdrawals.

REVIEW OF POLICIES AND PROCEDURES
I acknowledge I have reviewed the material outlined in the Parent Manual(s) and agree to the policies and procedures.

Geneva Park District Waiver and Release of All Claims

IMPORTANT INFORMATION
The Geneva Park District (the “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 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, 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 physically fit and/or adequately skilled for recreational activities. 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.

WARNING OF RISK
Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. 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. Depending on the particular activity, certain risks and dangers may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, lack of safety equipment, inadequate or defective equipment, failure in supervision and instruction or officiating, and premises defects. It is impossible for the Park District to guarantee absolute safety.

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 the Program(s), 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 activities connected with and associated with the program(s)/activity(ies) (including transportation services, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s)/activity(ies), and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with the program(s)/activity(ies). 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 Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as “Parties”). I do hereby fully release and forever discharge the Parties 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 the program(s)/activity(ies).

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

I understand that my child/ward or I may be photographed or videotaped while participating in a Park District program. I give permission for photos and video images of my child/ward or me to be used to promote the Park District’s recreation programs. Such photos and video images remain the property of the Park District.

The information provided is correct to the best of my knowledge and I know of no reason(s), other than those indicated, why my child should not participate in the activities. I have carefully read the Insurance Liability waiver on this form and understand that my signature is required below in order for myself or my child/ward to participate in the Geneva Park District programs.

Signature of Parent/Guardian ______________________ Date ____________
GENEVA PARK DISTRICT
REQUEST FOR THE ADMINISTRATION OF MEDICINE

MEDICATIONS CANNOT BE ADMINISTERED AT THE PARK DISTRICT WITHOUT A DOCTOR’S WRITTEN ORDER AND A WRITTEN REQUEST FROM THE PARENT OR GUARDIAN.

Name of Participant __________________________________________ Date of Birth ________________________________
Address City/Zip ____________________________________________
Day Phone __________________ Work Phone ___________ Cell Phone # __________________
Program ____________________________________________________ Grade ________________

Part I - Physician’s Statement
1. Name/type of medication ____________________________________
2. Dosage/amount to be given __________________________________
3. Route of administration _____________________________________
4. Frequency and time of administration __________________________
5. Duration (week, month, indefinite, etc.) _________________________
6. Diagnosis, intended effect, and anticipated reaction to medication __________________________________________
   (Symptoms, side effects, etc.) ____________________________

7. Other medication child is receiving ______________________________
8. Other requirements __________________________________________

9. Must this medication be administered during the Park District program in order to allow the participant to attend the program? ☐ Yes ☐ No

_________________________ __________________________
Physician’s Signature Date Signed
_________________________ __________________________
Address Telephone No.

Part II - Parent’s Request/Approval
I hereby request and grant permission for Park District staff to dispense medication to my child, ___________________________, according to the above instructions. I further waive any claims against the Park District, members of the Board of Commissioners, its employees, and agents arising out of the administration of said medication and agree to hold harmless and indemnify the Park District, the members of the Board of Commissioners, its employees and agents, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorney fees, resulting from or arising out of the administration of medication.

_________________________ __________________________
Parent / Guardian Signature Phone # ____________________ Date ________
PARTICIPANT SELF DISMISSAL
CONSENT & RELEASE FORM

*Only for participants 10 years or older.*

Please note: Does not apply for Peck Farm Camps & Gymnastics Camps

My child, _________________________________________, has my permission to:

Sign himself/herself in to the program. (Kids’ Zone participants will be signed in by staff)
*Please note: the Park District is not liable for your child until they sign in to our program.

☐ This applies to all dates of attendance.

☐ This applies to only the following date(s) of attendance. Please list below.
______________________________________________________________________________
______________________________________________________________________________

Sign himself/herself out of the program.  
*Please note: the Park District is not liable for your child after they sign out of our program.

☐ This applies to all dates of attendance.

☐ This applies to only the following date(s) of attendance. Please list below.
______________________________________________________________________________
______________________________________________________________________________

Please initial below:

_____ By giving my child permission to sign themselves in/out, I understand that the Park District is only liable for my child during program hours.

_____ I understand that my child will be dismissed at:  
CAMP—3:30pm (for regular camp hours) or 6pm (if enrolled in Extended Camp Hours).  
For Specialty Camps, if enrolled, my child will be dismissed at the time published for end of the camp.  
KIDS’ ZONE—6pm  
DAY OFF TRIPS—3:30pm (for regular hours of Day Off Trips) or 6pm (if enrolled in Extended Trip Hours).  

_____ For alternate arrangements please list time below:  
I would like my child to sign out at ___________ daily.

(Please print – parent name)  (Parent Signature)  (Date)