



2024-25

# Geneva Park District Friendship Station Preschool Registration Packet

## 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 Registration Fee 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, 2024 to attend our 3-year-old programs.
- Child must be 4 years old on or before September 1, 2024 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, PM or All Day.
- The yearly tuition has been divided into an installment plan that includes Registration Fee and 9 equal monthly installments (August-April), based on actual school calendar days.

Completed registration includes \$50 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 cancellation for the 2024-25 Preschool program by 5:00 pm on July 14. An application for refund/withdraw form must be completed as cancellation verification. It is possible to receive a \$25 refund if we fill your spot before July 21. The Registration Fee will not be refunded after this date. Class payments received after the 1st of the month payment due date listed will incur a \$10.00 charge and could result in loss of your spot. Please note: We are no longer able to split payments between multiple credit cards or family members.

## 2024 Important Dates

- January 11: Pre-registration for currently enrolled students.
- January 18: Preschool Open House at Friendship Station Preschool from 5:30 - 7:00 pm.
- February 1: New Student registration forms, birth certificate and \$50 registration fee due to Sunset Community Center at (710 Western Ave) By 5:00 pm.
- February 2: Random processing of new student (resident) registration forms begin.  
You will receive an email when your registration is processed (1-2 days).
- February 15: Non-resident registration will be processed.
- July 14: 5:00 pm Cancellation Deadline for the 2024-2025 school year. No Registration Fee Refunded after this date.
- July 15: All Day Classes will be charged a \$30-\$35 mat fee.
- July 21 If we fill your spot by July 21 it is possible to get \$25 back.

*Please note: Resident registrations received after 5:00 pm on February 1st will be processed in the order they are received.*

### 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 1-2 days after your registration date 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. 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, 2024. Eight (8) additional monthly payments will be charged on the first business day of the month through April 1, 2025.

\*We accept credit or debit

## 2024-25 Registration Fees

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

### 3 year old Preschool at Friendship Station

\$50 Registration Fee  
\$125 (N/R \$140) per month  
(9 monthly payments)

5111001-01 Tu/Th 8/20-5/22\* 9:00-11:30 am  
5111001-02 Tu/Th 8/20-5/22\* 12:30-3:00 pm

\$50 Registration Fee  
\$295 (N/R \$310) per month  
(9 monthly payments)

5111001-03 Tu/Th 8/20-5/22\* 9:00-3:00pm

### 4 year old Preschool at Friendship Station

\$50 Registration Fee  
\$170 (N/R \$185) per month  
(9 monthly payments)

5111002-01 M/W/F 8/19-5/23\* 9:00-11:30 a.m  
5111002-02 M/W/F 8/19-5/23\* 12:30-3:00 pm

### 4 year old Preschool at Friendship Station

\$50 Registration Fee  
\$410 (N/R \$425) per month  
(9 monthly payments)

5111003-01 M/W/F 8/19-5/23\* 9:00-3:00 pm

### 4-5 year old Preschool at Friendship Station

\$50 Registration Fee  
\$700 (N/R \$715) per month  
(9 monthly payments)

5111003-02 M-F 8/21-5/23\* 9:00-3:00 pm



**Geneva**  
PARK DISTRICT  
*Live Your BestLife*

Geneva Park District  
710 Western Avenue, Geneva, IL 60134  
Phone 630-232-4542 | Fax 630-232-4569 |  
[www.genevaparks.org](http://www.genevaparks.org)

Beth Keen, Recreation Supervisor 630-262-2213 / [bkeen@genevaparks.com](mailto:bkeen@genevaparks.com)  
Dawn Flesvig, Customer Service / Accounting 630-262-2220 / [dflesvig@genevaparks.com](mailto:dflesvig@genevaparks.com)



**Geneva Park District Program Registration**  
710 Western Avenue, Geneva, IL 60134 630-232-4542 Fax 630-232-4569



**FRIENDSHIP STATION PRESCHOOL 2024-25 SCHOOL YEAR REGISTRATION FORM—DEPOSIT**

Pre-registration forms for students currently enrolled in Friendship Station Preschool are due by January 11th.  
Registration for Resident New Students Preschool received by 5pm February 1st will be processed starting February 2nd.  
Non-Resident Registration will be processed starting February 15th.  
**Preschool Registration must be done in person, by mail or fax, at Sunset Community Center.**

Last Name \_\_\_\_\_ (Adult) First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell / Other Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Participants Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**3 year old Program—\$50 Registration Fee**

**OPTIONS:**

3 yr old AM | 9-11:30am T/TH **Code 5111001-01**  
3 yr old PM | 12:30-3pm T/TH **Code 5111001-02**  
3 yr old All Day | 9:00-3pm T/TH **Code 5111001-03**

**Please rank your preference below:**

1st choice— \_\_\_\_\_

2nd choice— \_\_\_\_\_

Teacher Request: \_\_\_\_\_

Note: Teacher Requests are NOT guaranteed.

**4 year old Program—\$50 Registration Fee**

**OPTIONS:**

**3-day a week program**

4 yr old AM | 9-11:30am M/W/F **Code 5111002-01**  
4 yr old PM | 12:30-3pm M/W/F **Code 5111002-02**  
4 yr old All Day | 9-3pm M/W/F **Code 5111003-01**

**Please rank your preference below:**

1st choice— \_\_\_\_\_

2nd choice— \_\_\_\_\_

Teacher Request: \_\_\_\_\_

**5-day a week program**

4 yr old All Day | 9-3pm M-F **Code 5111003-02**

3rd choice— \_\_\_\_\_

4th choice— \_\_\_\_\_

Note: Teacher Requests are NOT guaranteed.

**By enrolling my child in the Friendship Station Preschool program I understand the following:**

**1. My child will attend:**

Three Year Old Program 2 days (please circle) AM PM ALL DAY

Four Year Old Program 3 days (please circle) AM PM ALL DAY

Four/Five Year Old Program 5 days (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 in nine installments. The first payment will be made on **August 1, 2024** and the first day of each month beginning **September 1, 2024 through April 1, 2025** (for a total of nine payments). Credit/Debt 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. All Day Classes will have a \$30-\$35 Mat Fee Charged mid-July.

4. In the event of any absences during program hours/activities, I will be responsible for fees for time reserved, 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 if 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 policies 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.**

<b>Payment Authorization</b> Circle One: American Express Discover MasterCard VISA	<b>For Office Use Only</b>
*We accept American Express, Discover, Master Card and VISA only. Billing Zip Code: _____	Program # _____
Print name as it appears on card: _____	
Credit/Debit Card #: _____ Expiration Date: _____ CVV Code: _____	
<b>Please note:</b> \$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)	



# Detailed Participant Profile (per child)

SUMMER 2024 / School Year 2024-25

Summer Camp \* Kids' Zone Before & Afterschool Program \* Day Off Trips \* Friendship Station Preschool

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Grade entering in Fall 2024 \_\_\_\_\_ School \_\_\_\_\_

Does the participant have any allergies we should be aware of?

☐ YES ☐ NO

If yes, please list details on page 3

## 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.

## T-shirt Size Camp ONLY: (please select one)

Youth— ☐ Small ☐ Medium ☐ Large

Adult— ☐ Small ☐ Medium ☐ Large ☐ XL

Please note not all camps/programs receive a t-shirt.

I give permission for staff to assist my child in applying sunscreen/bug spray if necessary (for summer camps only).

☐ YES ☐ NO

Please note that children MUST bring their own sunscreen/bug spray. Spray on sunscreen/bug spray is preferred.

Participant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Main Contact Email \_\_\_\_\_

Main Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

(parent enrolling child in program)

Phone # 1 \_\_\_\_\_ Phone # 2 \_\_\_\_\_

Secondary Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone # 1 \_\_\_\_\_ Phone # 2 \_\_\_\_\_

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 \_\_\_\_\_  
(parent initial)

☐ NO

**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# \_\_\_\_\_

**Office Use Only:** Circle One: 3's 4's Circle One: AM PM All Day Circle How Many Days: 2 3 5

## Medical Information

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

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Hypertension      | <input type="checkbox"/> Heart Defect/Disease      |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infection     | <input type="checkbox"/> Musculoskeletal Disorders |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Bleeding/Clotting | <input type="checkbox"/> 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)

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Animals   | <input type="checkbox"/> Insect Stings    | <input type="checkbox"/> Pollen                |
| <input type="checkbox"/> Food      | <input type="checkbox"/> Medication/Drugs | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> 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)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hearing Impairment     | <input type="checkbox"/> Motion Sickness   | <input type="checkbox"/> Nosebleeds            |
| <input type="checkbox"/> Emotional Disturbances | <input type="checkbox"/> Fainting          | <input type="checkbox"/> Wear Glasses/Contacts |
| <input type="checkbox"/> Special Diet Regimen   | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> 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.

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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 there 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

- \_\_\_\_\_  
(parent initial) **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.
- \_\_\_\_\_  
(parent initial) **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.  
I agree to the discipline procedures outlined in the Parent Manual.
- \_\_\_\_\_  
(parent initial) **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\*
- \_\_\_\_\_  
(parent initial) **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.
- \_\_\_\_\_  
(parent initial) **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.

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### 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 2024-25**

***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 \_\_\_\_\_