



**2010/2011 School Year**  
**beginning FALL 2010**

CODE #1900.011

# The Learning Nest Preschool

**Butterfield Park District 21w730 Butterfield Rd 630-858-2229 Lombard, IL 60148**

*Please print*

*Return with \$50 non-refundable administrative fee to: Butterfield Park District*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M  F

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

I understand that if school is closed due to weather conditions, there will be no program.

I understand that I am responsible for payment of the contracted fees, paid monthly, and will give two weeks notice of withdrawal from the program. Refund requests for withdrawal from the program must be received by Butterfield Park District prior to August 1<sup>st</sup> in order to receive a tuition refund. The \$50 administrative fee is non-refundable

I agree to pay the amount that corresponds to my child's class as listed.

The program will assume full responsibility for my child from the time my child arrives at the program location until the end of class upon pick-up.

I give my permission for my child to participate in in-house field trips planned by program staff. I will be notified in advance of the trips.

If a medical emergency arises the program staff will first attempt to contact me. If I cannot be reached, the staff will follow the procedure preferences I have indicated. If emergency attention is needed, the staff will call an ambulance with all expenses being my sole responsibility.

*I have read and understand the above information.*



\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

***Please designate your 1st and 2nd choice by placing an X in the appropriate space.***

CLASS NAME	TIME	DAYS	1 <sup>ST</sup> CHOICE	2 <sup>ND</sup> CHOICE
<b>ToddlerTime 1-Day</b>	<b>1.5 hours</b>	<b>1-Day Class</b>	<b>\$45 Res/\$50 Non-Res Monthly fee</b>	
ToddlerTime 1-Day	9:00-10:30am	Wednesday		
ToddlerTime 1-Day	11:00am-12:30pm	Wednesday		
<b>ToddlerTime 2-Day</b>	<b>1.5 hours</b>	<b>2-Day Class</b>	<b>\$70 Res/\$78 Non-Res Monthly fee</b>	
ToddlerTime 2-Days	9:00-10:30am	Mon & Tues		
ToddlerTime 2-Days	11:00am-12:30pm	Mon & Tues		
ToddlerTime 2-Days	9:00-10:30am	Thur & Fri		
ToddlerTime 2-Days	11:00am-12:30pm	Thur & Fri		
<b>ToddlerTime 3-Days</b>	<b>1.5 hours</b>	<b>3-Days Total</b>	<b>Pay the combined 2 fees as per above : \$115 Res/\$128 Non-Res Monthly fee</b>	
ToddlerTime 3-Day	9:00-10:30am	Mon, Tue, Wed		
ToddlerTime 3-Day	11:00am-12:30pm	Wed, Thu, Fri		
<b>PlaySchoolers</b>	<b>2 hours/3-Days</b> <b>3 hours/2-Days</b>	<b>3-Day Class</b> <b>2-Day Class</b>	<b>\$150 Res/\$165 Non-Res Monthly fee</b>	
PlaySchoolers 3-Day	9:00-11:00am	Mon, Tue, Wed		
PlaySchoolers 2-Day	9:00am-12:00pm	Thur & Fri		
<b>KinderCorral</b>	<b>2 hours</b>	<b>4-Day Class</b>	<b>\$185 Res/\$204 Non-Res Monthly fee</b>	
KinderCorral AM	9:00-11:00am	M,T,W,Th		
KinderCorral PM	12:00-2:00pm	M,T,W,Th		

*Please also fill out side 2*



The Butterfield Park District will NOT assume responsibility for accidents or injuries incurred at any program or on park property. It is recommended you review your personal insurance policies for coverage during leisure activities.

As parent/legal guardian, I do herewith authorize treatment by qualified and licensed medical doctor for my son/daughter in the event of a medical emergency, which in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a responsible effort has been made to reach me.

\_\_\_\_\_  
Parent/Guardian Initials

**General Permission Slip**

I hereby waive for my child and myself the right to assert claims arising out of injury to the child due to participation in, preparation for, or travel to and from any recreation program sport, or activity. I acknowledge that participation in the sport or activities authorized comes with certain risks and are hereby assumed. I relinquish any right, which my child or I might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have.

\_\_\_\_\_  
Parent/Guardian Initials

**Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Medical Treatment**

I, the undersigned, hereby agree to allow the individual(s) named hereon to participate in Butterfield Park District activities.

I certify that to the best of my knowledge, the participant(s) name hereon is/are physically fit and able to engage in Recreation Services Division activities.

In case of emergency, I give my permission for emergency medical treatment.

This form shall be considered valid until canceled or changed in writing by the undersigned.

My signature acknowledges that I understand and agree to the above conditions.

**Photo Release Permission**

We will be taking pictures of children frequently for ongoing and end of year projects. With your initials here, you agree to allow publication of any photos taken at any program, event, or facility of the Butterfield Park District.

Do we have your permission to photograph your child? Yes  No

\_\_\_\_\_  
Parent/Guardian Initials

**Preschool Directory Permission**

Each year we offer a preschool directory of family names, addresses, and phone numbers. This can be used for car pools, birthday parties, play dates, etc.

Would you like to be added to the Preschool Directory? Yes  No

\_\_\_\_\_  
Parent/Guardian Initials



*I have read, understood, and initialed all the above information.*

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Print Name \_\_\_\_\_

Date \_\_\_\_\_