Butterfield Park District 21W730 Butterfield Road, Lombard, IL 630-858-2229
Learning Nest Preschool at Butterfield Park District
2027-2028 School Year-September 2027-May 2028

Child's Name:_____ Birthdate:_____ M ☐ F ☐

Parents' Names:_____ Phone:_____

Full Address:_____ Email _____

I understand that if school closes due to weather conditions, there will be no programs. Closure information will be posted on the website at www.butterfieldpd.com.

I understand that I am responsible for payment of the contracted fees in accordance with the payment options shown below.

Refund requests for withdrawal from the program must be received by Butterfield Park District no later than August 1, 2027, to receive a tuition refund.

The $100 administrative fee is non-refundable and is due at the time of enrollment. The administrative fee will be processed on or about May 1, 2027.

I agree to pay the amount that corresponds to my child's class as listed by the due date. I understand payments made after the due date may result in a $10 late fee.

I agree to pick up my child at the scheduled pick-up time. Failure to do so may result in a late charge due before your child returns to class.

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 agree to abide by the rules and regulations listed in the Learning Nest Preschool handbook which can be found on the Butterfield Park District website.

I have read and understood the above information.

_____ _____
Parent's signature Date

CLASS NAME	TIME	DAYS	1ST CHOICE	2ND CHOICE	Monthly Fee
Sparrows (Age 2)			Please indicate your 1st and 2nd choice by placing an X in the appropriate space.		
Sparrows 2 Days	9:00-11:00	T, TH			$145
Sparrows 3 Days	9:00-11:00	M, W, F			$185
Sparrows 5 Days	9:00-11:00	M, T, W, TH, F			$300
Bluebirds (Age 3 by 9/1/27)					
Bluebirds 3 Days	9:00-12:00	M, W, F			$260
Bluebirds 3 Days	9:00-12:00	T, TH, F			$260
Bluebirds 4 Days	12:30-2:30	M, T, W, TH			$230
Bluebirds 5 Days	9:00-2:30 M-TH only 9:00-12:00 on Friday	M, T, W, TH, F			$660
Optional add-on for Bluebirds 5 days students only	12:00-2:30	F			$75
Owls (Age 4 by 9/1/27)					
Owls 4 Days	9:00-12:00	M, T , W, TH			$330
Owls 5 Days	12:30-2:30	M, T, W, TH, F			$300
Owls 5 Days	9:00-2:30	M, T, W, TH, F			$735

Circle one ***ActiveNet charges an approximately 4.5% processing fee for all credit card transactions.**

Option 1 **Payments will be made in 2 equal installments on July 15th and December 15th by check**

Option 2 **Payments will be made in 2 equal installments on July 15th and December 15th by credit card***

Option 3 **Payments will be made monthly on the 15th of the month by check (July and September-April)**

Option 4 **Payments will be made monthly on the 15th of the month by credit card* (July and September-April)**

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 a 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 authorized activities 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 named herein to participate in Butterfield Park District activities.

I certify that to the best of my knowledge, the participant named herein is 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 projects, flyers, and social media. Please circle yes or no and initial where indicated. If you circle yes, 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 (Circle one) _____
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 party invitations, playdates, etc. Please circle yes or no and initial where indicated.

Would you like to be added to the Preschool Directory? Yes No (Circle one) _____
Parent/Guardian Initials

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

Parent/Guardian Signature and date _____

Parent/Guardian Print Name _____

Have you initialed in 4 places where indicated?
Have you circled yes or no in 2 places where indicated?
Have you circled your preferred payment option on page 1?

Early Childhood Programs and Activities

BUTTERFIELD PARK DISTRICT EMERGENCY FORM

21 W 730 Butterfield Road
Lombard, IL 60148
Office #: 630-858-2229
Fax#: 630-858-2234
www.butterfieldpd.com

TODAY'S DATE_____

CHILD'S NAME_____

ADDRESS_____

PHONE_____ AGE____ BIRTHDATE_____

PARENT/ LEGAL GUARDIAN_____PHONE NUMBER_____

WORK NUMBER_____

CELL NUMBER_____

EMAIL ADDRESS_____

SECOND PARENT/ LEGAL GUARDIAN_____PHONE NUMBER_____

WORK NUMBER_____

CELL NUMBER_____

EMAIL ADDRESS_____

PHYSICIAN'S NAME_____PHONE NUMBER_____

LIST SPECIAL HEALTH PROBLEMS, WHICH THE INSTRUCTOR SHOULD BE AWARE OF, SUCH AS PHYSICAL LIMITATIONS, ALLERGIES, ETC.

_____

_____

_____

SPECIAL INSTRUCTIONS _____

_____

PERSONS IN COMMUNITY TO NOTIFY IN CASE OF EMERGENCY OR ILLNESS OTHER THAN PARENTS:

NAME_____PHONE _____

NAME _____PHONE _____

My child_____ will be discharged to the following:

NAMES AND **PHONE NUMBERS** OF PERSONS WHO MAY PICK UP CHILD OTHER THAN PARENT/LEGAL GUARDIAN

1._____

2._____

3. _____

4. _____

I give Butterfield Park District Staff permission to release_____
(Child's Name)

All above listed individuals (including parents or legal guardians) must provide upon request a photo I.D. during the time of sign in/out.

_____

(Parent/Legal Guardian Signature) (Date)

AUTO DEBIT FORM

Complete the information below only if you have chosen to pay your preschool fees by credit card or if you would like to pay the $100 non-refundable administration fee using a credit card.

Cardholder's Name:

_____

Credit/Debit Card #:

_____

Exp. Date:_____

Security Code (last 3 digits on the back of your card) _____

Address/City/Zip:

_____

Participant's name for which auto debit will be used:

_____

Program Auto/Debit Card is authorized for:

All Butterfield Park District Programs Authorized By: _____ OR

Program Name: _____ Authorized By: _____

Program Name: _____ Authorized By: _____

Program Name: _____ Authorized By: _____

I (we) hereby authorize Butterfield Park District, to initiate debit entries to my (our) credit card indicated above on the due dates for which is agreed upon per program registration. This authorization is to remain in full force and effective until Butterfield Park District has received written notification from me, and/or the expiration of program registration services. Please notify Butterfield Park District of new expiration dates/changes to accounts. Please verify your accounts to make sure payments are being debited and the payment amount is correct. Your monthly billing receipt will now show an approximately 4.5% ActiveNet processing fee. The fee has been initiated by ActiveNet and the Butterfield Park District does not receive any of these funds. We will continue to absorb the transaction fees initiated by using your credit card. Payment by check or cash will not incur the processing fee.

Signature: _____