



# Worth Park District 2024-2025 Tot Lot Preschool Registration Form

Please  
Circle One

3 Year Old Tot Lot  
Tuesday & Thursday  
9:00am – 2:00pm  
**(Must turn 3 on or before Sept 1, 2024)**

4 Year Old Tot Lot  
Monday, Wednesday, & Friday  
9:00am – 2:00pm  
**(Must turn 4 on or before Sept 1, 2024)**

### TOT LOT CHILD INFORMATION

Child's Name \_\_\_\_\_  
First Middle Last

Child's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Female \_\_\_ Male

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

Phone #: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent 1 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Residence of the Preschooler: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other  
**Please submit any visitation or custodial concerns in writing to the Preschool Coordinator prior to your child's preschool session.**

### EMERGENCY CONTACT/ADDITIONAL PICK-UP INFORMATION

Please list contacts other than parent. Contacts will be called in the order listed.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical conditions, dietary allergies or food restrictions?** \_\_\_\_\_

Is there additional information **(medical or other)** that would help us better care for your child? (Ex: glasses, shyness, tubes in ears, etc.)

How did you hear about the Tot Lot Preschool Program? \_\_\_brochure \_\_\_website \_\_\_Facebook \_\_\_friend \_\_\_other

**WORTH PARK DISTRICT  
PROGRAM WAIVER AND RELEASE**

**IMPORTANT INFORMATION** The Worth 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 Worth 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/programs.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable especially if the participant is disabled in any way or has 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. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Worth Park District to guarantee absolute safety.

**PHOTOGRAPH PERMISSION** I give permission for the Worth Park District to use any pictures of myself or child for promotional purposes.

**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/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 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 Worth Park District, including its officials, agents, volunteers and employees.

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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participation Will Be Denied if the signature of parent/guardian and date are not on this waiver.

For more information on payment options or program information contact the Terrace Centre at 708-448-7080 ext. 101  
Registration forms can be sent to the address above or by email to [credenbaugh@worthparkdistrict.org](mailto:credenbaugh@worthparkdistrict.org)

-----For Office Use Only-----

Preschool	3 year old	4 year old
<b>Payment A: Pay in Full</b>	<b>\$1,400R/\$1,500NR</b>	<b>\$1,850R/\$1,950NR</b>
<b>Payment B: 4 payments</b>	Due Today: \$350/\$375 Oct 2: \$350/\$375 Jan 8: \$350/\$375 Mar 1: \$350/\$375 <b>Total Payment = \$1,400/\$1,500 for year</b>	Due Today: \$462/\$487 Oct 2: \$462/\$487 Jan 8: \$463/\$487 Mar 1: \$463/\$488 <b>Total Payment = \$1,850/1,950 for year</b>
<b>Payment C: 8 payments with \$5 service fee per month</b>	Due Today: \$180/\$192 Oct-Dec Payment: \$180/\$192 Jan-April Payment: \$180/\$193 <b>Total Payment: \$1,440/\$1,540 for year</b>	Due Today: \$236/\$248 Oct-Feb Payment: \$236/\$249 Mar-April Payment: \$237/\$249 <b>Total Payment: \$1,890/\$1,990 for year</b>

Received school information folder: \_\_\_\_\_ Received medical records: \_\_\_\_\_

Signed the parent/handbook: \_\_\_\_\_ Filled out the payment sheet: \_\_\_\_\_

Received Copy of Birth Certificate: \_\_\_\_\_

Total Fees Paid \$ \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

CASH

CHARGE

CHECK# \_\_\_\_\_

Office Initial \_\_\_\_\_