

Authorized Signature: \_\_\_\_\_

## Oak Leaf Nature Preschool Registration Form 2025/2026 School Year

**Registration:**Starts online on 2/3/25 at 9:00am for all families.

\_Date:\_\_

		☐ In-District	/ Dut-of-District			
Parent/Guardian	n #1 First Name:		Parent/Guardian's #1 Last	Name:		
Parent/Guardian #2 First Name:			Parent/Guardian's #2 Last Name:			
Address:		City:		State:	Zip:	
Home Phone:		Work I	Work Phone: Cell Phone:			
Emergency Contact:		Phone:Phone:		Relationship:		
	(In case parent/	guardian cannot be reac	<mark>ched)</mark>			
Please be sure	we have your most cu	ırrent and active e-ı	nail. Email will be used to send out in	nportant update	<mark>es, etc.</mark>	
	Activity #	Sec.# 01 (M/W/F) 02 (Tu/Th)	Participant's First and Last Name	Sex M/F	Date of Birth	
						OAK
EFT/CREDIT CARD PAYMENT INFO:  FEES: At the time of registration a \$65 non-refundable registration fee will be charged. Then a monthly tuition fee, per child/section will be charged on the 10 <sup>th</sup> of each month, starting 9/10/25 through 5/10/26. All charges will be made via the credit card provided below.  CANCELLATION POLICY: All cancellations are due by 7/15/245or you will be charged the program fees in full.  Credit Card:   MasterCard   Visa   Discover Name on Credit Card:  EFT Credit Card Number:						
	horizes the Barringto	(ren), and then on	administrator to charge the initial r the 10 <sup>th</sup> of each month through 5/1 o read and understand the cancella	10/25 (9 total i		
Authorized Signature:Date:						
body contact, substo participating in preparation, instractor aerobics can invol circulatory prol Barrington Park Dithat in registering might sustain arisi any and all claims  BARRINGTON program or spo	stantial physical exertion, Barrington Park District ac ruction, medical advice, co lve a substantial risk of the blems, bone and joint inju strict does not provide ins yourself or your minor chi ng out of the program(s). s against the Barrington Pa  PARK DISTRICT PHOTO R ecial event. I give my perm  D FULLY UNDERSTAND T	emotional stress and/or ctivities. This includes the and titioning and equipme e following types of injuries, back injury, shin sparance or protection agold/ward for participation of the protection of give permission for my ark District or School Disarise from telepastes I understand the inission for photos and wideotapes with the WAIVER, warning of the totake part in Park	use of equipment which represents a certain ne additional warning for aerobic activities. A sent, there is still a substantial risk of injury. Duries. This list is by no means complete, but in plints, muscle strain and other muscle injuries ainst injuries sustained by program participa in in the park district program(s), you will be well the park district program(s), you will be well to participate in this program strict, its commissioners, employees, and vol in participation in Barrington Park District prohat my child/ward or I may be photographed wideotapes of my child/ward or myself to be useful to the property of the Barrington Park District programs. If submitting this form each of the same legal effect as an original form is	n risk. It is recommerobic exercise is ependent upon a polludes some of this, foot problems, hants. Please read the vaiving and releasen, trip, or activity alunteers for damaggrams.  I or videotaped whused to promote the rk District.  elease of all claims electronically, my	nended that you che an activity in which person's physical co he more common on head and neck injur- he following inform ing all claims for injurided and hereby waive, ruges and/or injuries to hille participating in a head and and and and head and and and and and and head and and and and and head and and and and and and head and and and and and head and and and and and and head and and and and and and and head and and and and and and and head and and and and and and and and and head and and and and and and and and and a	ack with your physician prior of despite careful and proper ondition, age and skill level, nes: heart attack, stroke and ites. I understand that the ation carefully and be aware juries you or your child/ward elease and forever discharge to the registrant, which may a Barrington Park District District. Such photos and signature, or my guardian's