



BPD Preschool Registration Form 2026/2027 School Year

In-District / Out-of-District

Registration Starts:
Current Families: 1/8/26
New Families: 2/4/26

Parent/Guardian #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 Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____
(In case parent/guardian cannot be reached)

E-mail(s) (Please Print Clearly): _____

Please be sure we have your most current and active e-mail. Email will be used to send out important updates, etc.

Activity # & Sec.#	Preschool Class Name	Lunch Bunch Yes or No	Extended Day Yes or No	Participant's First and Last Name	Sex M/F	Date of Birth	Monthly Tuition Fee

EFT/CREDIT CARD PAYMENT INFO:

FEES:

- Registration Fee: \$65 (Non-Refundable) will be charged upon submitting this form.
- Tuition: Monthly EFT payments will be deducted from the credit card listed below starting 9/10/26 through 5/10/27 for 3's, Pre-K and Explorer classes and through 4/10/27 for Mini's and Intro classes. Monthly EFT payment fees are listed in the preschool registration packet.

REGISTRATION FEE (\$65, non-refundable): Check # _____ Cash Credit Card (see below)

Credit Card: MC Visa Discover AMEX **Name on Credit Card:** _____

EFT Credit Card Number:

Expiration Date: / **Security Code (back of card):** **Billing Zip Code:** _____

This form authorizes the Barrington Park District's administrator to charge the monthly Preschool tuition due, for the above named child(ren), on a monthly basis (see above under fees), to the above indicated credit card. A \$25 late fee applies if payment is declined and not paid by the 20th of the month.

Authorized Signature: _____ **Date:** _____

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT: By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Barrington Park District activities. This includes the additional warning for aerobic activities. Aerobic exercise is an activity in which, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a substantial risk of injury. Dependent upon a person's physical condition, age and skill level, aerobics can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: heart attack, stroke and circulatory problems, bone and joint injuries, back injury, shin splints, muscle strain and other muscle injuries, foot problems, head and neck injuries. I understand that the Barrington Park District does not provide insurance or protection against injuries sustained by program participants. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the park district program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I give permission for my child/ward/self to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Barrington Park District or School District, its commissioners, employees, and volunteers for damages and/or injuries to the registrant, which may arise from participation in Barrington Park District programs.

BARRINGTON PARK DISTRICT PHOTO RELEASE: I understand that my child/ward or I may be photographed or videotaped while participating in a Barrington Park District program or special event. I give my permission for photos and videotapes of my child/ward or myself to be used to promote the Barrington Park District. Such photos and videotapes will remain the property of the Barrington Park District. **I HAVE READ AND FULLY UNDERSTAND THE WAIVER,** warning of risk, assumption of risk and waiver and release of all claims. I understand my signature, or my guardian's signature if I'm under 18, is required to take part in Park District programs. If submitting this form electronically, my electronic signature shall substitute for and have the same legal effect as an original form signature.

Authorized Signature: _____ **Date:** _____