



Early Childhood Education Registration Form 2024-2025

Prep School (3 years old)
Tues/Thur- 9-11:30 AM

Pre-School (4 years old)
Mon/Wed/Fri- 9-11:30AM

Kinderbridge (4 years old)
Mon-Fri- 12:30-3PM

Child's Full Name: _____
Last Middle First

Date Of Birth: _____ Age: _____ Gender: _____

Home Address: _____
Street City Zip

Phone #: _____ Email: _____

Mom's Name: _____ Cell Phone #: _____

Email: _____ Work Phone #: _____

Dad's Name: _____ Cell Phone #: _____

Student resides with: _____ Both Parents _____ Mother _____ Father _____ Other

Emergency Contacts- In case of an emergency, parents will be called first. If neither parent is available, then the emergency contacts will be called. This is also a list of authorized person(s) to pick up your child from school. If a person is not on this list (other than the parents) then we cannot let them pick up your child from school. Everyone is required to show ID. If someone needs to be added to this list, please send an email to your teacher or info@mokenapark.com.

1. _____
First Name Last Name Phone #

Street Address City State Zip Code

2. _____
First Name Last Name Phone #

Street Address City State Zip Code

3. _____
First Name Last Name Phone #

Street Address City State Zip Code

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR MOKENA PARK DISTRICT

Please read this form carefully and be aware that, in signing up and participating in Mokena Park District programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms "I", "me" and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Mokena Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (the parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge the Mokena Park District and the other released parties from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Mokena Park District and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation," "programs," and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Photo/Video Policy I understand that photos and videos are periodically taken of people participating in Mokena Community Park District programs and activities, and I agree that any photograph or video taken by the park district of me or my minor child/ward while participating in a park district program or activity may be used by the park district for promotional purposes, including its electronic media, videos, brochures, flyers, and other publications without additional prior notice, permission, or compensation to the participant. I have read and fully understand the photo/video policy.

Participant's Name _____

Guardian's Name _____

Guardian Signature _____

Date _____

Please list any allergies or medical conditions that your child has: _____

Doctor's Name: _____ Phone #: _____

If your child requires to take any medication during the hours of preschool, you will have to fill out a medicinal distribution sheet.

By checking this box, I give my permission for the Mokena Community Park District to request aid of the Mokena Fire Department Rescue Unity in the event of a serious accident, injury, or illness. I understand that if I wish not to check this box, the Mokena Community Park District will not call the proper emergency response team in the event of a serious accident, injury or illness.

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Birth Certificate

Immunization Records

Parent Handbook Signature Page

Received Folder

Registration Deposit \$ _____

1st Month Tuition \$ _____

Auto-payment Sheet
(Save \$5 every month)

Total Amount \$ _____ **(NON-REFUNDABLE)**