

RIVER TRAILS PARK DISTRICT TRAIL BLAZERS PRESCHOOL FALL 2008



Our program is designed to help children grow and learn in a stimulating and nurturing environment. Children will be introduced to basic academic and social skills of preschool and will be encouraged to develop problem solving skills, self confidence and creativity. Curriculum activities are planned with Illinois Learning Standards in mind in these areas: math, science, language skills, art, motor movement, music, and dramatic play. All areas of each child's growth are important and we provide opportunities for intellectual, social, physical and creative growth. Our goal is for each child to develop a love of learning, tools to continue to learn and a positive image of himself or herself. Children must be toilet trained.

A copy of a birth or hospital certificate is required at registration

JUNIOR TRAIL BLAZERS

(3 yr by 9/1/08)

Tuesday/Thursday

9/9/08-5/14/09

Weiss Community Center

#11866 9:00-11:00 a.m.

\$690(R)/\$710(N) full year

\$172.50(R)/\$177.50(N) Quarterly

Monthly option available

SENIOR TRAIL BLAZERS

(4 yr by 9/1/08)

Monday/Wednesday/Friday

9/8/08-5/15/09

Weiss Community Center

#11873 9:00 -11:30 a.m.

\$1,208(R)/\$1,228(N) full year

\$302(R)/\$307 quarterly

Monthly option available

PRE-K TRAIL BLAZERS

(4 yr by 9/01/08)

Monday-Thursday

9/8/08-5/15/09

Weiss Community Center

#11878 12:30-3:00 pm

\$1,602(R)/\$1,622(N) full year

\$400.50(R)/\$405.50(N) Quarterly

Monthly options available



Large classroom with big windows

Qualified teachers

Large fenced playground

Child centered program

Interesting learning centers

Readiness skills for future success



Registration has started but openings still available
please contact Colleen Farrell for information, or to visit our classroom. 847-255-1200—cfarrell@rtpd.org

**1500 E. Euclid Ave
Mt. Prospect, IL 60056**

**847-255-1200
www.rtpd.org**

River Trails Park District
 1500 E. Euclid Ave.
 Mt. Prospect, IL 60056

TRAIL BLAZERS REGISTRATION

phone 847.255.1200
 fax 847.255.1285
www.rtpd.org

ONE FORM per child

Date _____ E-Mail address _____ Age (as of Sept 1) _____

Child's Last Name _____ First Name _____ Birth date __/__/__

Parent/Guardian's Last Name _____ Work Phone _____ Sex M F

Mother's name _____ Father's name _____

Cell phone _____ Cell phone _____

Address _____ City _____ Zip _____ Home Phone _____

River Trails P. D. Prospect Hts. P. D. Mt. Prospect P. D. Non-Resident

Program	Code #	Fee
Junior Trail Blazers		
Senior Trail Blazers		
Pre-K Trail Blazers		
Tiny Tykes		
	Total Amt	

Quarterly

Monthly

(Automatically charged on 1st of

month)

Payment type		Fee
Payment 1 due at registration	Amt. Due	
Payment type		
Payment 2 due Nov 1		
	Amt. Due	
Payment type		
Payment 3 due Jan 2		
	Amt. Due	
Payment type		
Payment 4 due Mar 1		
	Amt Due	

Month	Code #	Amt	Payment type
1 st payment due at registration			
Aug			
Sept			
Oct			
Nov			
Dec			
Jan			
Feb			
Mar			

You will not be billed, payment is your responsibility.

- *Monthly payment – requires a credit or debit card for automatic charge on the 1st of the month.*
- *Late fee due after 10th of month.*
- *If you are late two (2) times we will require you give us information for automatic payment.*
- *Late registration: we will take the 1st installment & then determine balance*

MORE INFORMATION & WAIVER ON BACK.....

The River Trails Park District welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in the program._____

For Future Payments Due

I authorize the River Trails Park District to charge the listed credit/debit card for installments due for Trail Blazers on the 1st of the month for either Quarterly _____ or monthly _____ payments.

YES_____ NO_____

Signature Date

Visa, MasterCard or Discover Card	
\$20 MINIMUM CHARGE	
Card No: _____ - _____ - _____ - _____	
Name Cardholder _____	Expiration Date _____
Authorized Signature _____	Charge Amt. \$ _____

Tax Deduction Information

Parents are responsible for keeping a tally of their payments for tax deduction purposes. The park district tax ID number can be obtained at the Weiss Community Center at 255-1200.

WAIVER & RELEASE

IMPORTANT INFORMATION

The River Trails 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 River Trails 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 the listed programs/activities 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 are physical fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities/programs 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/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the River Trails Park District to guarantee absolute safety.

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 listed programs/activities, 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/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in the listed programs/activities, 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 River Trails Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "River Trails Park District"). I do hereby fully release and forever discharge the River Trails Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the listed programs/activities. 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, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

ALL PARTICIPANTS MUST SIGN		
If participant is under 18 years old, parent must sign for them		
SIGNATURE	PRINTED NAME	DATE
_____	_____	_____

Trail Blazers
Student Information

=====

PLEASE PRINT

Child's Name (Last) _____ First _____ Nickname _____

Parent's Last Name (if different) _____ E-mail _____

Address _____ Town _____ Zip _____
(Please print very clearly)

Phone: Home (____) _____ Date of Birth: ____ / ____ / ____ Age ____ Sex ____

Mother's
Name: _____ Occupation: _____ Work Phone: _____
Cell phone _____ Marital Status: _____

Father's
Name: _____ Occupation: _____ Work Phone: _____
Cell phone _____ Marital Status: _____

Child living with both parents? ____ Yes ____ No Other Adults living in the home: _____

List previous preschool experiences: _____

List any other classes they attended: _____

School where your child will attend Kindergarten: _____

Child's Favorite Activities/interests/Toy: _____

Information you feel would be helpful to staff in teaching and understanding your child: (vision, speech, shy, behavior, etc): _____

Special Talents/Abilities your family would like to share with us? _____

Hand your child prefers to use: ____ Left ____ Right Does your child have trouble separating from you? ____ Yes ____ No

What expectation do you have for your child in this program? _____

Primary language spoken in your home _____ Favorite Activities/interests: _____

Doctor's Name _____ Phone _____ Date of last exam _____

Does your child have any allergies? (food, plants, animals or medication) _____

Is your child currently taking any medication? No _____ *Yes _____ Please list each type. _____

*additional form needed

We welcome individuals with disabilities into our program. Please describe any special accommodations or assistance needed for a successful inclusion in this program. _____

Please list each person authorized to pick up your child:

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

Emergency Contact: (Other than parent/guardian), English speaking

Name _____ Phone _____ Relationship
to Child: _____

Siblings (names & ages)

How did you hear about us and why did you choose Trail Blazers? _____

OVER

River Trails Park District
255-1200

1500 E. Euclid Avenue
Mt. Prospect, IL 60056

EMERGENCY TREATMENT RELEASE

My Minor Child is:

Last name _____ **First name** _____ **Date of Birth** _____

As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as determined by the local emergency medical service, my child needs immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child.

I recognize that time is important during an emergency situation and I authorize emergency medical treatment for my child. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed below.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the River Trails Park District or its employees, agent or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

Date _____

Signature of Parent/Guardian _____

Please print name _____

EMERGENCY CONTACTS:

Name _____ **Phone: (H)** _____ **(W)** _____

Name _____ **Phone: (H)** _____ **(W)** _____

Name _____ **Phone: (H)** _____ **(W)** _____