

Barrington Park District Preschool LUNCH BUNCH & EXTENDED DAY

"Drop-in" Registration Form 2024/2025

Child's Name:			Today's Date:				
Classroom(s):	3's - Green	3's - Blue	e Pre-K	- Yellow Class	Pre-K - Red Class	Friday Explorers'	
Daily Fee:	LUNCH BUNCH (Extends the day until 12:30pm):						
·	O \$10		-	Pre-K Yellow & Explorers' Enrichment			
	\$5.00		Pre-K Red				
	_			•	n, fee includes Lunch Bu		
	\$25.00		All classes ending at 11:30am (3's, Pre-K Yellow & Explorer's Enrichment)				
	O \$20		Pre-K Red				
	() \$15.00 E		Extended Day only (pre-registered for Lunch Bunch already, discount applied)				
Number of Days attending:		g:	Daily Fee \$		= \$	= \$	
Date(s) Atter	nding*:						
*Please note	that due to stu	dents who	are pre-regis	tered for Extend	ded Day that certain days	s may reach capacity	
			-	•	n" registration.	and reach capacity	
•	•	_		lin/Max: 6/16)			
·	•	· ·		ŕ			
risk. It is recommen activities. Aerobic e substantial risk of in list is by no means c muscle strain and otl against injuries susta participation in the p give permission for Barrington Park Dist Barrington Park Dist	aded that you check we exercise is an activity jury. Dependent upo omplete, but includes the muscle injuries, for a park district program park district program (my child/ward/self to trict or School District programs.	ith your physicia in which, despite n a person's phy- some of the mo- oot problems, he- icipants. Please s), you will be w participate in thi t, its commission	an prior to participati e careful and proper p sical condition, age a re common ones: hea ad and neck injuries. e read the following i raiving and releasing is program, trip, or ac ners, employees, and	ng in Barrington Park E preparation, instruction, nd skill level, aerobics and tattack, stroke and cir I understand that the B nformation carefully an all claims for injuries yestivity and hereby waive volunteers for damages	emotional stress and/or use of equipm District activities. This includes the ad medical advice, conditioning and equipment of the forculatory problems, bone and joint injubbarrington Park District does not proving be aware that in registering yourself you or your child/ward might sustain an e, release and forever discharge any are and/or injuries to the registrant, whice guardian's signature if I'm under 18, is	ditional warning for aerobic ipment, there is still a llowing types of injuries. This ries, back injury, shin splints, de insurance or protection or your minor child/ward for rising out of the program(s). I ad all claims against the h may arise from participation in	
District programs. Signature of parent/quardians				Date:			
Waiver required! F	or insurance purposes	s, Park District p		s require a signed waive vaiver is not signed.	er. Patrons WILL NOT be able to part	icipate in classes or programs if	
			PAYMEN	T INFORMAT	 ΓΙΟΝ		
				(- 0			
Amount Enc	losed \$	□	CASH	☐ CHECK #: Checks made payal	ble to: Barrington Park District	CREDIT CARD	
Credit Card:	:	Card □ V	isa □ Discov	ver Name on	Credit Card:		
Credit Card Nu	ımber:						
4- Digit Expir	ation Date:						
Signature of p	arent/guardia	n:			Da	ate:	