

HAMPSHIRE TOWNSHIP PARK DISTRICT

Little People Playtime Preschool Program

441 E. Jefferson Ave. • Hampshire, IL 60140 • PHONE 847-683-0896, FAX 847-683-4256

Registration Form

| Program Participant Information | Contact Information |
|---|---|
| First | Primary contact name |
| Last | Address City |
| Date of Birth | <input type="checkbox"/> Hampshire Township Resident <input type="checkbox"/> Non-Resident |
| Male Female | Home |
| | Cell |
| | Email |
| Emergency Contact: _____ | |
| Relation | Phone: _____ |

| Class Choices (Circle one) | | | | | | | | Day Care Days | Day Care Hours |
|--|-----------------------|--|---|---|--|---|--|---------------|----------------|
| Pre-K A.M. <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> Must be 4yrs old by September 1, 2018 </div> | Pre-K P.M. | 2Day Little Learner T & Th A.M. | 2Day Little Learner T & Th. P.M. | 2Day Little Learner M&W P.M. | 3Day Little Learner MWF A.M. & P.M. | TEAL (Must be 3 yrs. Old by Dec.,2018) | Purple <i>2 year olds</i> <i>By Sept. 1,2018</i> (circle two days) M T W TH Fri. | | |
| <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> Child must be 3yrs old by Sept. 1, 2018 </div> | | | | | | | <div style="border: 1px solid black; padding: 5px;"> Miss Chris will be available to approve Day Care times. Parent: Orientation August 1, 2018. </div> | | |
| Comments/Special Request/Second Choice: _____ | | | | | | | | | |
| <input type="checkbox"/> I would like to make a donation to the Hampshire Township Park District Foundation. Circle donation amount and add to Fee Total: \$5 \$10 \$15 \$20 other amount \$ | | | | | | | | | |

Parent Signature: _____ **Date:** _____

Little People Playtime Preschool and Day Care registration for 2018-19 session

- 1) **Please circle your preferences for your child.** Your child will be placed in a class based on class availability. We strictly comply with the DCFS compliance regulations for class sizes. Class times will be available at registration.
- 2) The family registration fee of \$115.00 is non-refundable and nontransferable.
- 3) The registration is not complete without: birth certificate, current medical form complete with immunizations and documented Lead and TB.
- 4) Signed waiver

| | |
|--------------------------------------|--|
| Payment Options | <input type="checkbox"/> Check # _____ / Amount \$ _____ |
| MasterCard/VISA/Discover | Amount of Charge \$ _____ |
| Card # _____ _____ _____ _____ | Expiration Date _____ _____ V-Code _____ |
| Cardholder Name _____ | Authorized Signature _____ |

| | |
|----------------------------|--|
| FOR OFFICE USE ONLY | Date on Doctor's Medical Records on file: _____ All Other Registration Forms Completed _____ |
|----------------------------|--|