



# Pioneers Park Nature Center Preschool

## Enrollment Form 2019-2020

*Please indicate 1st and 2nd choice*

### **PRESCHOOL - AGES 3-4**

\_\_\_ Tuesday/Thursday 9:00-11:30 am \$100/mo.

\_\_\_ Tuesday/Thursday 12:30-2:30 pm \$85/mo.

### **PREK - AGES 4-5**

\_\_\_ Monday/Wednesday/Friday 9:00-11:30 am \$145/mo.

\_\_\_ Monday/Wednesday/Friday 12:30-2:30 pm \$116/mo.

### **CHILD'S INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: (Mo/Day/Yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Siblings: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

*All Fields Required. Please complete all information. If not applicable please write N/A or provide alternative info, DO NOT LEAVE BLANK.*

Parent/Guardian Name: \_\_\_\_\_

Home Address: (if different than above) \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

*Alternative options: unemployed or stay at home parent, etc. Please use home phone/address if unemployed/stay at home, etc.*

Employer Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: (if different than above) \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

*Alternative options: unemployed or stay at home parent, etc. Please use home phone/address if unemployed/stay at home, etc.*

Employer Address: \_\_\_\_\_

**APPROVED PERSONS WHO THE CHILD MAY BE RELEASED TO AND EMERGENCY CONTACTS  
WHEN PARENT/GUARDIAN CANNOT BE REACHED:** *All Fields Required. DO NOT LEAVE BLANK.*

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Yes  No In the event that I cannot be reached in an emergency, I authorize Lincoln Parks and Recreation and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered.

**MEDICAL HISTORY**

**A copy of your child's immunization records must be included with your registration.**

1. Is your child under medical care? Yes No

If yes, please explain: \_\_\_\_\_

2. Is your child taking any medication? If so, what kind and for what? \_\_\_\_\_

3. Date of child's last physical exam \_\_\_\_\_ Date of last tetanus booster \_\_\_\_\_

4. Does your child have any allergies or other medical/physical problems our staff should be aware of? Yes No

If yes, please explain: \_\_\_\_\_

5. Surgical operations or serious injuries or illness? Yes No

If yes, please explain: \_\_\_\_\_

6. Are there any restrictions to activities? \_\_\_\_\_

7. Recent event that could cause an emotional problem (death in family, divorce, etc)?

8. Does your child have any fears (insects, water, heights, animals, etc)? \_\_\_\_\_

9. Special concerns: (glasses, cochlear implants, etc.) \_\_\_\_\_

**PARENTAL RESPONSIBILITIES**

I understand and accept responsibility for payment of monthly tuition payable to Lincoln Parks and Recreation on the first day of each month.

I understand that a late fee of \$15.00 will be applied if tuition is not paid by the 15th of each month.

I understand that children are to be picked up promptly at class ending times and I will be charged a fee of \$5 for every 5 minute block of time I am late after class ends.

I agree to pay an annual non-refundable enrollment fee of \$50.00 per child at the time of enrollment.

Please **initial** that you have read and understand the parental responsibilities.

**PARENTAL PERMISSION:**

Yes  No I give permission for my child to participate in outside activities that include hikes around the Nature Center and Pioneers Park.

**MEDIA RELEASE PERMISSION GRANTED TO: City of Lincoln on behalf of Parks and Recreation Department**

Yes  No I, the undersigned, hereby authorize the City of Lincoln and the Parks and Recreation Department, including its assigns and agents, to use my name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I may have in connection with such use. The Parks and Recreation Department shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated below:

- 1. Availability for use in training;
- 2. Availability for use by the participants in a training course;
- 3. Availability for viewing in connection with the Parks and Recreation Department;
- 4. Availability for use of Web pages and other Internet sites created or used by the Parks and Recreation Department;
- 5. Availability for use in promotional brochures, newsletters, and other publications of the Parks and Recreation Department.

I have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it and I understand its contents.

Participant's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Participant's Name: \_\_\_\_\_

**WARNING OF RISK, WAIVER AND RELEASE OF ALL CLAIMS FOR PRESCHOOL/PREKINDERGARTEN BY PIONEERS PARK NATURE CENTER, LINCOLN PARKS AND RECREATION**

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Pioneers Park Nature Center - Nature Preschool/Prekindergarten program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or resulting of this program. I/we have read and understand the above Warning of Risk Waiver and Release of All Claims, and understand the effect of the relinquishment of rights hereby waived.

By signing below I give permission for my child to participate in program activities. I understand that Parks and Recreation does not carry health and accident insurance for my child, and that I as guardian will be responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules and failure to follow general operating procedures of the program. As a parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

**RELEASE TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF PARTICIPANT WHO IS UNDER 19 YEARS OF AGE---OR IF PARTICIPANT IS 19 AND OVER AND HAS A LEGAL GUARDIAN**

Parent/Guardian Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Office Use: Registration Fee Information				
Receipt # _____	Amount Pd \$ _____	Check/Auth # _____	Date _____	Initials _____