



Rose Park Administrative Building: 847-259-6890 / Fax: 847-259-9975
 530 South Williams Avenue, Palatine, IL 60074 / Email: kkotrba@saltcreekpd.com
Twin Lakes Recreation Area: 1200 Twin Lakes Drive / 847-934-6050
Salt Creek Sports Center: 647 Consumers Avenue / 847-394-8806

PROGRAM REGISTRATION FORM

Household Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell: _____ Email: _____

CODE	PROGRAM NAME	FEE	PARTICIPANTS FULL NAME	SEX	DATE OF BIRTH
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

Total Amount Due: \$ _____

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Salt Creek Rural Park District's programs you will be waiving any and all claims for injuries you or your child/ward might sustain.

I acknowledge that there are certain risks of physical injury to participants in the Salt Creek Park District's program(s), and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I hereby fully release and discharge the Park District, its' officers, agents, servants and employees from any and all claims of injuries, damage or loss which may occur due to the participation of myself or my child/ward in any Salt Creek Rural Park District program(s). I further agree to defend, indemnify and hold harmless the Park District its' officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained or arising out of, connected with or in any way associated with the activities of any program(s) that myself or my child/ward participate in. I also understand that photographs and videos are periodically taken of participants while they are engaged in programs, special events and park activities. I give permission to Salt Creek Park District to use these photos in future publications. Participants of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstructions and that any use of third-party applications (ie: zoom, Instagram, etc) at their own risk. **The Salt Creek Park District welcomes individuals with disabilities into our program. Please describe any special accommodations needed for successful inclusion into the program.**

Special Needs: _____ Allergies: _____

THE SALT CREEK RURAL PARK DISTRICT HAS MY PERMISSION TO OBTAIN EMERGENCY MEDICAL ATTENTION WHEN REQUIRED. I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER. I RELEASE ALL CLAIMS.

Signature of Participant/Guardian: _____ **Date:** _____

Payment must be in full at the time of registration. Checks payable to the "Salt Creek Rural Park District." A fee of \$20 will be charged to you for any check returned to the District by the bank for any reason. If using the fax registration, please call to verify receipt. **Registration is also available online at www.saltcreekpd.com.**

Special Registration/Fax restrictions and dates for the following: Golf Leagues, Private Lessons, Preschool, Sand Volleyball, Hockey Leagues/Programs, Summer Camps & Softball

PAYMENT INFORMATION

Cash: \$	Cardholder's Name:
Check: #	Expiration Date: _____ Card Amount: \$
Visa: <input type="checkbox"/>	Cardholder Signature: _____
Mastercard: <input type="checkbox"/>	
Discover: <input type="checkbox"/>	
AMEX: <input type="checkbox"/>	
PLEASE DO NOT EMAIL CREDIT CARD INFORMATION	

 Credit Card #: _____ - _____ - _____ - _____



Salt Creek Park District
 Preschool
 2022-2023 School Year



Preschool Payments

Preschool Payments are made on a monthly basis starting in August. We have divided the yearly preschool payment into 9 equal monthly payments for the school year. All participants need to sign our **auto-pay** form at the time of registration and will be charged monthly at the beginning of each month. Auto-pay allows for convenient automatic scheduled payments for parents. Below is the 2022- 2023 Preschool payment schedule.

Preschool Payment Schedule

<u>Month</u>	<u>Payment Date</u>
September	August 1, 2022
October	September 1, 2022
November	October 3, 2022
December	November 1, 2022
January	December 1, 2022
February	January 2, 2023
March	February 1, 2023
April	March 1, 2023
May	April 3, 2023

TERRIFIC THREE'S

CODE	OPTIONS	DAY	TIME	FEE
501100-01	2 Day	TU/TH	9-11:30am	\$165NR/\$150R
501100-02	3 Day	M/W/F	9-11:30am	\$215NR/\$200R

PRE-KINDERGARTEN

CODE	OPTIONS	DAY	TIME	FEE
501100-03	2 Day	TU/TH	12:30-3:00pm	\$165NR/\$150R
501100-04	3 Day	M/W/F	12:30-3:00pm	\$215NR/\$200R
501100-05	4-Day	Flexible	12:30-3:00pm	\$255NR/\$240R

Salt Creek Rural Park District (SCPD)
2022-2023 PRESCHOOL TUITION PAYMENT AGREEMENT

Please Print

CHILD'S LAST NAME

CHILD'S FIRST NAME(S)

Please print

Parent's Last Name: _____ Parent's First Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

I hereby authorize the SCPD to charge my **credit card** for tuition the **first week of every month** in the amount of \$ _____ beginning in the month of August 2022 and continuing the first week for each subsequent month through April 2023. This authorization will continue through the end of the school year unless I give notification to cancel this authorization to the Salt Creek Park District, 530 S. Williams Avenue, Palatine, IL 60074. **(Complete and sign bottom portion of form.)**

X

Signature

Date

FOR OFFICE USE ONLY: FAMILY PAYMENT RECORD

RecTrac Code: _____

Circle One: 3 yr old (2 day) 3 yr old (3 day) 4 yr old (2 day) 4 yr old (3 day) 4 yr old (4 day)

Child's/Children's Last Name: _____

Child's/Children's First Name: _____

Monthly Tuition: _____ Start Month/Year: _____ / _____

<u>Amount Paid</u>	<u>Initial & Date</u>	<u>Amount Paid</u>	<u>Initial & Date</u>
Deposit _____		December _____	
August _____		January _____	
September _____		February _____	
October _____		March _____	
November _____		April _____	

The Salt Creek Park District secures your credit card information in our safe. This portion will be shredded after the last payment.

VISA MASTERCARD DISCOVER AMEX

CREDIT CARD #: _____ / _____ / _____ / _____

EXPIRATION DATE: _____ / _____ Please Print name as it appears on the credit card: _____

X

Signature: _____ Date: _____