Salt Creek Rural Park District (SCPD)

2026-2027 Preschool Registration/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 2025 and continuing the first week for each subsequent month through April 2026. 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.)

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 from 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 participated 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 my permission to Salt Creek Park District to use these photos in future publications. ***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.***

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 flex)

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

Amount Paid	Initial & Date	Amount Paid	Initial & Date
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:** _____