

River Forest Community Center
Half-Day and Full-Day Early Childhood Programs
Waiver/Release and Financial Policy Form ~ 2023-2024
Please complete a separate form for each child you are enrolling

Child's Name: _____

Date: _____

GENERAL

The River Forest Community Center does not discriminate on the basis of age, race, religion, gender or ethnic background.

WAIVER/RELEASE

It is acknowledged that I/we are parent(s) or legal guardian(s) of the participant(s) which have been enrolled in this RFCC program and consent for him/her to participate in this designated program. It is understood that, by its very nature, any program involving minors involves some risk to the participants and I/we have read the program description and/or spoken with a representative of the RFCC to understand the risks involved. I/we further understand that it would be impossible to fully specify or articulate every risk. In partial consideration for enrollment in the program, I/we assume all risk and hazards incidental to such participation and do hereby waive, release, absolve the RFCC, its employees, volunteers and agents from any and all claims sustained and/or arising from, connected with or associated with the participation in said program. I/we also agree to indemnify and hold harmless the RFCC, its employees, volunteers and agents from any and all claims sustained and/or arising out of, connected with or associated with participation in said program. This indemnity provision includes the cost of litigation, including reasonable attorney's fees.

AUTHORIZATION TO DISPENSE APPROVED MEDICATIONS

I/we authorize the RFCC Early Childhood program, its staff or agents, to administer prescribed medicine to my child as specified in written instructions.

Signature of Parent/Guardian _____

Date _____

AUTHORIZATION TO TAKE EMERGENCY MEASURES

I/we authorize the RFCC Early Childhood program its staff or agents, to take emergency measures which are judged necessary for the care and protection of my child. RFCC will first attempt to contact parents/guardians or other person(s) listed on the application as emergency contacts before such measures are taken. I/we will be responsible for the emergency medical charges upon receipt of the statement.

PLEASE NOTE THAT HOSPITALS GENERALLY DO NOT PROVIDE MEDICAL TREATMENT (except in serious emergency cases) UNTIL A PARENT PERSONALLY SIGNS A RELEASE.

Signature of Parent/Guardian _____

Date _____

WALKING TRIPS/FIELD TRIP AUTHORIZATION

I/we authorize the RFCC Early Childhood program its staff or agents, to take my child on walking or bus driven trips/excursions. All such trips are under supervision of the RFCC staff and all health and safety precautions that are taken are in compliance with DCFS standards for licensure. Prior written notice will be given for all van/bus trips/excursions.

Signature of Parent/Guardian _____

Date _____

PROMOTIONAL PARTICIPATION AUTHORIZATION

I/we authorize the RFCC Early Childhood program its staff or agents, to take pictures, movies or videos of my child for use in presentations and other reasonable advertising promotions, and educational activities, without compensation.

Signature of Parent/Guardian _____

Date _____

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WAIVER/RELEASE(continued)

AUTHORIZATION TO EXCHANGE INFORMATION

I/we authorize the RFCC Early Childhood program to exchange information regarding my child with those professional agencies or people concerned with my child's education and health. I fully understand that this may entail social, medical, educational or psychological, information and will be kept strictly confidential.

Signature of Parent/Guardian _____

Date _____

STUDENT DIRECTORY AUTHORIZATION

I/we give permission to have name/address/home phone information used in a student directory for the RFCC Early Childhood program. I understand that this directory will be distributed to all program participants.

Signature of Parent/Guardian _____

Date _____

DAILY PROCEDURES & LATE PICK-UP FEES

- I understand that I must sign my child in and out of the program each day.
- I agree to pay a late pick-up fee of \$5.00 for the first fifteen minutes after program closing and \$1.00 per minute thereafter.
- I agree to call (708) 771-6159 by 8:30 a.m. to inform the early childhood staff that my child will be absent on that day.
- I understand if someone other than myself or other designated person on the enrollment form will be picking up my child, that I must notify the Community Center prior to their arrival.

Signature of Parent/Guardian _____

Date _____

FINANCIAL POLICIES

PAYMENT POLICIES/PROCEDURES

- A late payment fee of \$10.00 will be assessed if tuition is not paid on time.
- A non-refundable registration fee of \$60 per family for children in Preschool or Pre-Kindergarten and \$35.00 per family for children in Munchkins, Playschool, and Before/After Kindergarten or 1st Grade is required for all participants. A non-refundable deposit of one week's tuition (full-day) or one month's tuition (half-day) is also required to enroll each child. This deposit will be credited towards the child's last week of full-day programming or first month of half-day programming.
- Tuition is not pro-rated for absences. Parent(s)/guardian(s) are responsible for paying the full tuition amount for your child's tuition.

OTHER

Checks that are returned from the bank for any reason will be charged a processing fee of \$40. The outstanding balance must be paid in full before the child may return to the program.

A child may be suspended from the program if tuition is not paid in full by the specified due date.

Signature of Parent/Guardian _____

Date _____

ACKNOWLEDGEMENT OF PARENT HANDBOOK

I have received and understand the information in the Parent Handbook. I agree to abide by all RFCC policies as stated in the Parent Handbook and in this Enrollment Agreement.

Signature of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____

Date _____

*****UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED*****

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SCHOOL TRANSPORTATION INFORMATION

Kindergarten or 1st grade students only

Child's Name: _____

School Child Attends: _____

Address of School: _____

Telephone Number of School: _____

School Hours: _____

Specific times you child will be attending RFCC (i.e. 7:15 – 8:30am & 3:15 – 5:00 pm): _____

My child will be transported by:

RFCC Bus _____ Parent _____ Other - please specify _____

Please Note:

Transportation by RFCC bus must be approved by the Early Childhood Director upon enrollment.

RFCC assumes responsibility for participants upon arrival at the designated meeting area after school dismissal.

I authorize the River Forest Community Center; its staff or agents, to transport my child to/from school:

Parent Signature: _____

Date: _____