KIDDIE CAMPUS REGISTRATION FORM

2025-2026 SCHOOL YEAR

PART 1: PARTIC	CIPANT INFORMA	TION			
Last Name:			Home Phone:		
Address:			Work Phone:		
City:	Zip Code:		Cell Phone:		
Emergency Contact Name:			Emergency Contact Phone:		
PART 2: ENTER	PARTICIPANT PR	OGRAMS			
Program Code	Program Name	Fee	Participant Name	Sex	Birthday: mm/dd/yyyy
First Choice:					
Second Choice:					
IMPORTANT INFORMATION The Lombard Park District is committed that all participants follow safety rules an there is an inherent risk of injury when ch this agreement. It is always advisable, esp	nd instructions that are designed to protect the noosing to participate in recreational activities/	participants' safety. Howeve programs. You are solely resp	olds the safety of participants in high regard. The Lomba r, participants and parents/guardians of minors registerin onsible for determining if you or your minor child/ward a d an illness, injury or impairment, to consult a physician l	g for the above listed pare physically fit and/or	rograms/activities must recognize that skilled for the activities contemplated by
a risk of serious injury when participating due to inclement weather, slip and falls, p	in any recreational activity. Understandably, no poor skill level or conditioning, carelessness, ho	ot all hazards and dangers ca rseplay, unsportsmanlike cor	participant. Despite careful and proper preparation, instru In be foreseen. Depending on the particular activity, parti Iduct, premises defects, inadequate or defective equipme It is impossible for the Lombard Park District to guarante	cipants must understar ent, inadequate supervi	nd that certain risks, dangers and injuries
you or your minor child/ward might susta acknowledge that there are certain risks of	rare that in signing up and participating in the pain as a result of participating in any and all action of physical injury to participants in these prografurther agree to waive and relinquish all claims	vities connected with and as ams, and I voluntarily agree t	ill be expressly assuming the risk and legal liability and w. sociated with these programs (including transportation s o assume the full risk of any and all injuries, damages or I y have (or accrue to me or my child/ward) as a result of p	ervices and vehicle ope oss, regardless of sever	rations, when provided). I recognize and ity, that my minor child/ward or I may
			iver and release of all claims. If registering online or v I understand that the Kiddie Campus Preschool depo		csimile signature shall substitute for
Participation will be denied if the signa	ature of adult participant or parent/guardiar	and date are not on this w	aiver.		
Email:			Subscribe to Lombard Park Distric	ct's E-Newsletter	: Y 🗆 N 🗆
Signature of Parent, Guardian	or Adult Participant:				
Print Name:			Date:		
PART 4: PAYME	ENT INFORMATIO	N			
Payment Method:					
☐ Cash ☐ Check #	☐ Credit Card (check one)	☐ Visa ☐ Mast	ercard Discover Total	Amount: \$	

*Credit card payments will be accepted online or in-person only.