PALS REGISTRATION FORM
VERNON HILLS PARK DISTRICT
SCHOOL YEAR 2025-2026

CHILD INFORMATION

Name (First & Last): _____ **DOB:** _____ **Gender:** _____ **Grade (Fall '25):** _____

Name (First & Last): _____ **DOB:** _____ **Gender:** _____ **Grade (Fall '25):** _____

SCHOOL AND PROGRAM START DATE

School child (ren) attends:

❑ **Aspen (AS)** ❑ **Elementary North (EN)** ❑ **Elementary South (ES)**

❑ **Townline/Dual Language (TL)** ❑ **School for Young Learners (YL)**

First date child(ren) will attend PALS: _____

ENROLLMENT OPTIONS & FEES

A minimum of 2 days per week is required to enroll in PALS. Please make your selection below. Weekly enrollments for the 2-4 Day option must remain consistent. The 2025-2026 school year begins on August 21, 2025. The PALS program starts the same day.

❑ **5 Day Enrollment (M – F)**
- ❑ **AM Program (6:30AM – school starts)**
- ❑ **PM Program (school dismissal – 6:00PM)**

❑ **2-4 Day Enrollment (choose days below)**
- ❑ **AM Program (6:30AM – school starts)**
- ❑ **PM Program (school dismissal – 6:00PM)**

PALS Program Fees:
AM Program: $12 per day.
PM Program: $23 per day.

PALS Billing Structure:
Fees will be charged on the first of every month. Your monthly fee will cover all days your child(ren) is enrolled for that month only. Please refer to your receipt for billing dates and amounts.

Please check which days your child (ren) will attend.

❑ **Monday** ❑ **Tuesday** ❑ **Wednesday** ❑ **Thursday** ❑ **Friday**

PAYMENT INFORMATION

Credit Card Number: _____ **Expiration Date:** _____

Card Holder Name: _____ **CVV:** _____

PARENT / GUARDIAN INFORMATION

Name: _____ DOB:_____ Relationship to Child: _____

Primary Phone: _____ Alt. Phone: _____ Email: _____

Address: _____

Name: _____ DOB: _____ Relationship to Child: _____

Primary Phone: _____ Alt. Phone: _____ Email: _____

Address: _____

EMERGENCY CONTACT

Name: _____ Relationship to Child: _____

Primary Phone: _____

SIGNATURE/ CONSENT

I agree to the waiver and policies provided with this form.

Parent/Guardian Signature: _____ **Date:** _____

VERNON HILLS PARK DISTRICT PROGRAM – PALS
WAIVER OF RELEASE

Please read this form carefully and be aware that, by registering for, and for participating in, Vernon Hills Park District ("District") programs, you are releasing all claims for injuries arising out of these programs that you or your minor child or ward who is a named participant might sustain. In registering for these programs, you are agreeing as follows:

As a participant (or the parent or guardian of a minor participant) in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk or any damages or loss which I (or my minor child or ward) may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to release, waive and relinquish any and all claims I (or my minor child or ward) may have as a result of participating in these programs against the District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities of whatever nature, that might be directly or indirectly liable for any injuries that I (or my minor child or ward) might sustain as a result of participating in these programs., the District provision of, or failure to provide, proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use (or the use by my minor child or ward) of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of the programs for which I am registering, either individually or on behalf of my minor child or ward, and have read and fully understand this Waiver and Release of All Claims. I further understand that any advisements or warnings of the particular risks of these programs that I or my minor child or ward subsequently receive will be incorporated by reference into and become a part of this Agreement.

FEE AND PAYMENT ACKNOWLEDGEMENT

I authorize the Vernon Hills Park District to charge the credit card provided at registration for my PALS fees. I understand I will be charged every month until the program ends, or my cancellation is approved by the PALS Supervisor.