Waiver and Release Form

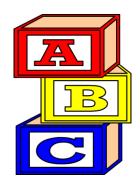
I give my child permission to participate in this program and it's activities and hereby waive, release and forever discharge any and all claims against the C.P.C. or it's commissioners, employees or volunteers for damages and/or injuries to the registrant, which may arise from the participation in these programs.

Emergency treatment: As a parent and/or legal		
guardian, I do here with authorize treatment by a		
qualified and licensed medical doctor of the		
minor(s)in the event of		
a medical emergency, which, in the opinion of the		
attending physician, may endanger his/her life,		
cause disfigurement, physical impairment or undue		
discomfort if delayed. This authority is granted		
only after a reasonable effort has been made to		
reach the parent. This release form is completed		
and signed at my own free will with the purpose of		
authorizing medical treatments under emergency		
circumstances in my absence.		
•		

PARENT OR LEGAL GUARDIAN:

(Please sign)	Date
DOCTOR'S NAME:	
DOCTOR'S PHONE:	

Schoolhouse Adventures



COMMUNITY PRESBYTERIAN CHURCH
PARENTS DAY OUT PROGRAMS
407 N. MAIN ST.
MOUNT PROSPECT, IL 60056

847-253-2592

PDO@CPCHURCH.ORG

These classes are a 2 day a week preschool age program. This program develops your child academically and socially. It encourages independence, creativity and social development. These goals are met through arts and crafts, free play, stories/music, centers and playground fun. Your child must be potty trained for these classes.

SPRING 2020

Jan - May

FAMILY INFORMATION

Tuition Fees

\$98 (1 DAY/WEEK) \$190 (2 DAYS/WEEK)

A \$75 NON-REFUNDABLE REGISTRATION FEE, PER FAMILIY IS DUE AT TIME OF REGISTRATION

Copy of birth certificate is required Make all checks payable to CPC PDO!

Days Enrolling (please circle)

3 year olds Wed and Fri (must be 3 by Sept 1st)

4 year olds Tues and Thurs (must be 4 by Sept 1st)

PICK UP PERMISSION & EMERGENCY CONTACTS

Name Phone #

Name Phone #

Name Phone #

(Please complete waiver on other side)

CHILD'S NAME	
CHILD'S BIRTH DATE	
CHILD'S ALLERGIES	
NAME OF PARENTS OR (GUARDIANS
STREET ADDRESS	
CITY	ZIP CODE
HOME PHONE	
MOM CELL PHONE/WORK	C PHONE
DAD CELL PHONE/WOR	K PHONE
FMATI.	