

## 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:

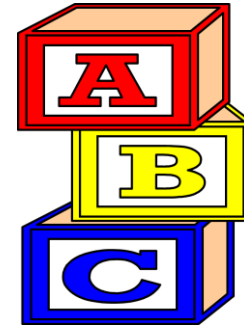
\_\_\_\_\_  
(Please sign)

\_\_\_\_\_  
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](mailto: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.

**FAMILY INFORMATION**

\_\_\_\_\_  
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 PHONE

\_\_\_\_\_  
DAD CELL PHONE/WORK PHONE

\_\_\_\_\_  
EMAIL

**Tuition Fees**

**\$98 (1 DAY/WEEK)**

**\$190 (2 DAYS/WEEK)**

**A \$75 NON-REFUNDABLE REGISTRATION FEE,  
PER FAMILY 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 1<sup>st</sup>)

4 year olds Tues and Thurs (must be 4 by Sept 1<sup>st</sup>)

**PICK UP PERMISSION & EMERGENCY CONTACTS**

\_\_\_\_\_  
**Name Phone #**

\_\_\_\_\_  
**Name Phone #**

\_\_\_\_\_  
**Name Phone #**

(Please complete waiver on other side)