



Natural Beginnings

Early Childhood Program

2022-2023 Enrollment Form

Child's Full Name: _____

Class (circle one): T/Th 3's T/Th (Mixed-age 3-6) M/W/F 4's M/W/F (Mixed-age 3-6) M/W/F (PM – Mixed-age 3-6)

Nickname: _____

Birthday: _____

Circle gender: _____

Male or Female

Address: _____

City: _____

State & Zip Code: _____

Home Email
Address: _____

Mother/Father/Guardian
Name: (circle one)

Lives with
Child?

Authorized to
pick up child?

Address: _____

City: _____

State & Zip Code: _____

Relationship to Child:
(if not parent)

Cell Phone: (used for school
texting communications)

Work Phone: _____

Employer: _____

Mother/Father/Guardian
Name: (circle one)

Lives with
Child?

Authorized to
pick up child?

Address: _____

City: _____

State & Zip Code: _____

Relationship to Child:
(if not parent)

Cell Phone: (used for school
texting communications)

Work Phone: _____

Employer: _____

Parents are (circle one) Married Divorced Separated Widowed Single Other

Others Living in the Household

Name: Age: Relationship:

Name: Age: Relationship:

Name : Age: Relationship:

Name: Age: Relationship:

Emergency Contact #1 (other than individuals listed as parent or guardian above)

Name: Relationship to Child:

Address: Authorized to pick up child?

City: State & Zip Code:

Cell Phone: Work Phone:

Emergency Contact #2 (other than individuals listed as parent or guardian above)

Name: Relationship to Child:

Address: Authorized to pick up child?

City: State & Zip Code:

Cell Phone: Work Phone:

Other Adults Authorized to Pick Up Child:

Name: Relationship to Child:

Comments:

Name: Relationship to Child:

Comments:

ASSUMPTION OF RISK AND GENERAL RELEASE FORM

I am an adult over the age of 18 and I affirm that my minor child/ward ("Child"), has voluntarily chosen to participate in Natural Beginnings' Early Childhood Program ("Program"). I, on behalf of myself and my minor child, voluntarily understand and consent to the following:

1. Essential Eligibility Requirements:

I understand the following essential eligibility requirements are required to participate in this Program and I affirm my Child meets the following essential eligibility requirements:

- Between the ages of 3 to 6 years old.
- Ability to use the restroom independently.
- Ability to walk independently on trails of varying outdoor terrain, in a wide range of weather conditions for up to 45 minutes.
- Independently communicate needs.
- Follow general instructions.

2. Supervision & Responsibilities:

- I have read the Natural Beginnings Early Childhood Program Parent Handbook 2022-2023 ("Handbook"), and I understand that it is my and my Child's responsibility to abide by the policies, procedures, rules, and behavioral expectations set forth therein.
- I understand that my Child must be signed in and signed out of the Program each day my Child is scheduled to attend the Program.
- I understand that the Program's supervision of my Child begins when my Child arrives at the Hoover Forest Preserve and is checked-in in accordance with Program procedure.
- I understand that the Program's responsibility for my Child ends when an authorized adult or myself has signed out my Child in accordance with Program procedure.
- I understand that I am not to leave my Child at the Program unless signed-in by a Program staff member who is there to receive and supervise my Child.
- I understand that the Program will only release my Child to the individuals authorized to pick up my Child, as identified in this Enrollment Packet. I further understand that I must provide written authorization for someone other than those previously identified to pick up my Child.
- I understand that I am responsible for updating any and all information provide in this Enrollment Packet, including but not limited to, contact information, pick-up authorizations, allergies or medical information, other health or health care information, or credit card information.
- I understand if my Child is terminated or suspended from the Program, I am required to make alternative arrangements for my Child's care. The reasons for which the Program may terminate or suspend my Child's enrollment, include, but are not limited to the following:
 - a. Failure to pay, multiple late payments, or NSF payments.
 - b. Failure of parent/guardian or my Child to comply with sign-in/sign-out policy.
 - c. Failure to provide correct or updated contact and emergency contact information.
 - d. Behavior that is disruptive or dangerous to self and/or others.
 - e. Behavior that is destructive to property and/or refusal to replace said property.
 - f. Harassment, violent behavior, or threat of such behavior against staff by any person associated with the Child (parent, guardian, friend, or other relative, etc.)

3. Risks.

- I understand that participation in the Program may involve risks not found in my Child's daily life. These include, without limitation, illnesses, injuries, and even death.
- I understand these risks and assume them knowingly and willingly. My Child and I will take every precaution to safeguard my Child's health, safety, and personal belongings.
- I understand the Kendall County Forest Preserve District ("KCFPD") cannot eliminate all risks or guarantee my Child's safety.

4. Health Insurance; Medical Care; Health and Safety Concerns.

- I affirm my Child carries valid and current medical insurance and I will be solely responsible for payment, in full, of all costs of medical care my Child may receive for all injuries or illnesses that my Child may sustain while participating in the Program or as a result of the Program.
- I authorize the Program staff to administer basic first aid and to obtain health care for my Child if needed, as determined by Program staff, while participating in the Program.
- I authorize Program staff to transport my Child to receive such medical care.
- I give the Program staff authority to contact the Emergency Contacts identified in this Enrollment Packet or the Health Form if my Child experiences serious health problems, suffers an injury, or is otherwise in a situation that raises significant health and safety concerns and Program Staff are unable to reach a parent/guardian. I understand that it is my responsibility to ensure all emergency contact information, in both the Enrollment Packet and the Health Form, is kept up-to-date and accurate.
- I understand Natural Beginnings staff will not administer prescription or non-prescription medications under any circumstances other than as specified in the Handbook. Medications that may be administered with physician instructions and parental consent include and are limited to inhalers to treat asthma; epinephrine pens, Benadryl, and other similar treatments to address severe allergies and/or allergic reactions. Parents must sign the consent form in the Registration Packet for their child to receive epinephrine from program staff should their child present signs of anaphylaxis.
- Staff will not apply sunscreen or bug spray to children; it must be applied by a parent, guardian, or other authorized adult prior to the start of the Program.
- I understand that state law mandates Program staff report any suspected child abuse or neglect to the appropriate authorities for investigation.

5. General Release.

- Knowing the risks described above, I agree, on behalf of my Child and my Child's family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my Child's participation in the Program.
- To the maximum extent permitted by law, I, on behalf of myself and my Child, release, hold harmless and agree to indemnify and defend (with counsel of the KCFPD's own choosing) the KCFPD as well as their commission members, officials, employees, and agents, from and against any present or future claims, losses, liabilities, costs and expenses (including, but not limited to attorneys' fees, expert fees and court costs) for injury to person or property, or for any other damage, which myself or my Child may suffer, or for which my Child may be liable to any other person, related to my Child's participation in the Program, resulting from any cause, including but not limited to negligence on my Child's part or on the part of any of the released parties.
- Any attorney representing the KCFPD is subject to review and approval by the Kendall County State's Attorney and must be appointed a Special Assistant State's Attorney prior to performing any work for the KCFPD.
- The KCFPD's participation in its defense shall not remove the duty to indemnify, defend, and hold the KCFPD harmless, as set forth above. The KCFPD does not waive its defenses or immunities under the Local Government and Governmental Employees Tort Immunity Act (745 ILCS 10/1 et seq.) by reason of indemnification or insurance.

6. Photograph, Film and Vocal Recording Release:

- I grant to the KCFPD the right and authority to photograph, film or record my Child as part of the Program.
- I consent to the KCFPD's use of these photographs and recordings for educational, promotional or publicity purposes and agree that these photographs and recordings may be displayed during presentations or published in mass media publications, newspapers, social media promotions, or websites.
- I agree that my Child's legal name may be used. My Child and I release the KCFPD from any expectation of confidentiality.

I, the undersigned as parent or legal guardian of my Child listed above, do hereby consent to his or her participation in the Program. I, as the parent or legal guardian of my Child and on behalf of my Child and myself, accept and agree to all assurances, assumptions, waivers, releases, and statements identified in the Assumption of Risk and General Release Form.

Signed: _____ Date: _____

Name (print): _____

Relationship to Child: _____

Health Form

Name: _____

Height: _____ Weight: _____ Age: _____ Sex: M F Birth Date: _____

Injuries

(Provide details)

Fractures: _____

Operations or serious injuries:

Allergies

Identify the source of the allergic reaction and describe the reaction, recommend precautions, and treatment.

Medication: _____
(e.g., penicillin, aspirin, sulfa, etc.)

Plants: _____
(e.g., poison ivy, etc.)

Foods: _____
(e.g., shellfish, milk, peanuts, etc.)

Other: _____

Insect bites: _____
(e.g., bee stings, etc.)

_____ (e.g., materials, etc.)

Other Health Information

1. What medications, if any, are you taking?

(If any medication is to be administered during the Program, the parent or guardian must provide detailed instructions from the child's physician.)

2. Do you have any disability, chronic or recurring illness or conditions? If yes, please explain.

Insurance & Health Care Information

Your Physician _____ Physician's Phone _____

Hospital/Clinic Preference _____ Health Insurance Company _____

Policy Holder _____ Policy Number _____

Please include any additional, relevant information about your child’s health:

Emergency Contacts:

Mother’s Name _____ Cell Number _____

Father’s Name _____ Cell Number _____

Additional emergency contact name _____ Relationship to Child _____
Cell Number _____

Additional emergency contact name _____ Relationship to Child _____
Cell Number _____

All staff have been trained and certified in emergency epinephrine procedure. Staff members carry generic epinephrine pens in their backpacks in case of first-time severe allergy response resulting in signs of anaphylaxis. Please indicate below if you want your child to receive epinephrine from forest preserve staff should they present signs of anaphylaxis.

I authorize forest preserve staff to administer epinephrine should my child present signs of anaphylaxis.

Parent signature _____

Date _____

Credit card information	
Name on card	
Billing address:	
City:	State & Zip:
Card type (circle one): Visa or Master Card	
Card number:	
Security Code (on back):	Expiration Date:
I authorize Kendall County Forest Preserve District to charge my credit card the \$150 registration fee, plus 10% of the tuition fee with an additional 2.5% processing fee.	
Signature:	
I understand that this is a non-refundable fee.	
Signature:	

Enrollment Fee & Payment Agreement Form 2022-2023

- 3 days per week (Monday-Wednesday-Friday); total \$2160
- 2 days per week (Tuesday-Thursday); total \$1700

Name of Child:	
Payment Option (check one)	
<input type="checkbox"/> Yearly Payment	
Payment Due Date	July 14, 2022
Payment Amount	<input type="checkbox"/> 3 days/week; \$2160 <input type="checkbox"/> 2 days/week; \$1700
<input type="checkbox"/> 4 Quarterly Payments	
Payment Due Dates	July 14, 2022; October 13, 2022; January 12, 2023; and April 13, 2022. If you have a credit card on file, we will charge it on these dates.
Payment Amount (Quarters 1, 2 and 3)	<input type="checkbox"/> 3 days/week; \$540 each payment <input type="checkbox"/> 2 days/week; \$425 each payment
Payment Amount (Quarter 4)	<input type="checkbox"/> 3 days/week; \$324 total <input type="checkbox"/> 2 days/week; \$255 total
Method of Payment (check one)	
Check	Made payable to the Kendall County Forest Preserve District Late Fee: Following a 5-calendar day grace period, a \$15 late fee will be assessed for checks received after the due dates. NSF Fee: A \$25.00 charge will be assessed for each non-sufficient funds (NSF) check returned.
Credit Card	Automatic credit card payments will be charged on the identified due dates. Processing Fee: a processing fee equal to 2.5% of the total amount being charged on that date will be added to all credit card payments. Failed Processing Fee: all credit card payments unable to be processed or rejected on the due dates will be assessed a \$15 processing fee, after a 5 calendar day grace period.

(Cont'd on other side)

Credit card information	
Name on card	
Billing address:	
City:	State & Zip:
Card type (circle one): Visa or Master Card	
Card number:	
Security Code (on back):	Expiration Date:
I authorize Kendall County Forest Preserve District to charge my credit card the amount indicated on the dates as noted on the front side of this document.	
Signature:	
I agree to make the above-indicated payment(s) on the day (dates) as noted. I understand that keeping updated credit card information on file is my responsibility. Any payments that are unable to be processed or rejected on the due dates will be assessed a \$15 processing fee, after a 5 calendar day grace period. I understand that an additional 2.5% processing fee will be added for all credit card payments. I understand that quarterly payments are non-refundable. I understand that failure to make a timely payment may result in my child being suspended or dismissed from the program.	
Signature:	

Office Use Only	
Checklist of Forms Submitted	
<input type="checkbox"/> Registration Form/Fee	
<input type="checkbox"/> Health Form	
<input type="checkbox"/> Payment Agreement	
<input type="checkbox"/> Enrollment Form	
Date and Time Received: _____ Staff Initials _____	