

IRVING RECREATION CENTER

Dual Language Preschool

ENGLISH/SPANISH

REGISTRATION FORM 2011—2012

PLEASE SELECT (X) YOUR SESSION BELOW:

2-DAY SESSION (SEPT—MAY) _____

3-DAY SESSION (SEPT—MAY) _____

DEPOSIT ENCLOSED:

\$40.00

REGISTRATION CANNOT BE PROCESSED WITHOUT THE DEPOSIT.

ABOUT OUR FEES

Fees are calculated according to the number of days school is scheduled to be in session throughout the year and divided into nine equal monthly installments.

STUDENT/FAMILY INFORMATION

Last Name First Name

Date of Birth Age Gender

Street Address City Zip Code

Parent/guardian Name

Email Address

Evening Phone Day Phone Cell Phone

Emergency Contact (non-parent) Phone

Physician's name Phone

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INNOVATIVE CURRICULUM

Our thematic content supports language development in both English and Spanish and allows preschoolers of all language backgrounds to have fun while playing and learning kindergarten readiness skills.

ELIGIBILITY: Children ages 3-5 years old.*
**Children must be toilet trained.*

OUR CALENDAR: Dual Language Preschool follows the Lincoln Public Schools elementary school calendar for holidays and vacations. We also observe LPS decisions regarding "snow days."

SESSION INFORMATION

2-DAY SESSION

Monday and Wednesday, 9:00—11:30 a.m.

3-DAY SESSION

Monday, Wednesday, and Friday, 9:00—11:30 a.m.

REGISTRATION DEPOSIT

\$40/child

The Registration Deposit must accompany the completed Registration Form. This fee is non-refundable and will be applied to the monthly session fee for May.

MONTHLY SESSION FEES

2-DAY (M/W) - \$57.00/MONTH

3-DAY (M/W/F) - \$85.00/MONTH

Monthly payments are due on the first of each month.

MULTIPLE CHILD DISCOUNT

A \$5/month multiple child discount is available for each additional child (after the first) from the same family.

Need-based scholarships are available for families who qualify. Request an application from the rec. center office.

REMIT TO:

IRVING REC. CENTER
2010 VAN DORN
LINCOLN, NE 68502
PHONE: 441-7954
FAX: 441-7125



PARTICIPANT INFORMATION

DUAL LANGUAGE PRESCHOOL AT IRVING RECREATION CENTER

PLEASE PRINT

CHILD'S FIRST AND LAST NAME: _____

PARENT/LEGAL GUARDIAN: _____

We want each child to be successful in our program. Is there any information we need to know about your child to help them be successful? If yes, please explain.

YES NO _____

What are your expectations for your child while attending the Parks and Recreation program? _____

What activities does your child enjoy? _____

Does your child have allergies? Food allergies? Medication allergies? YES NO
If yes please explain: _____

Does your child have medical conditions such as asthma, diabetes, etc? YES NO
If yes please explain: _____

Will your child need to take medications while at the Parks and Recreation program? YES NO

If yes please give a brief explanation. _____
(A medication consent form will be sent to you if you answer yes.)

Has your child ever:

YES NO Been treated for emotional or behavioral difficulties? _____

YES NO Been seen by a professional to address mental/emotional health concerns? _____

YES NO Had a significant life event that continues to affect the participant? (History of abuse, death of loved one, family change, adoption, foster care, new sibling, survived a disaster, others.)

RELEASE FORM
PHOTOGRAPHS/RECORDED IMAGES/VOICES

GRANTED TO: City of Lincoln on behalf of Parks & Recreation Department

I, the undersigned, hereby authorize the City of Lincoln on behalf of the Parks & Recreation Department to use my name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I may have in connection with such use.

The Parks & Recreation Department shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated below:

1. Availability for use in training;
2. Availability for use by the participants in a training course;
3. Availability for viewing in connection with the Parks & Recreation Department;
4. Availability for use of Web pages and other Internet sites created or used by the Parks & Recreation Department;
5. Availability for use in promotional brochures, newsletters, and other publications of the Parks and Recreation Department.

I have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it and I understand its contents.

Name _____

Address _____

Phone _____

Signature _____

Signature of Parent or Authorized/Appointed Guardian if under 18:

Date _____