

Waiver and Release Form

I give my child permission to participate in this program and its activities and hereby waive, release and forever discharge any and all claims against the C.P.C. or its 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:

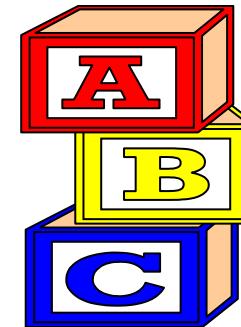
(Please sign)

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
Jessica Munao, Director

The program runs from September 8, 2026-May 28, 2027. These classes are a 1, 2, or 3 day a week preschool age program (3-4 year olds). 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.

FAMILY INFORMATION

CHILD'S NAME (name called)

CHILD'S BIRTH DATE Potty Trained

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

FALL 2026-2027 MONTHLY TUITION FEES

\$160 1 DAY/WEEK

\$270 2 DAYS/WEEK

\$390 3 DAYS/WEEK

A \$125 NON-REFUNDABLE REGISTRATION FEE,
PER FAMILY, IS DUE AT TIME OF REGISTRATION

Copy of birth certificate is required if they are a new student

Make all checks payable to 'CPC PDO'

Please circle Days Enrolling

TUES WED THURS FRI

CLASS TIME IS 9:00-1:00

PICK-UP PERMISSION & EMERGENCY CONTACTS

Name _____

Phone #

Name _____

Phone #

Name _____

(Please complete waiver on other side) FALL 2026