

## 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:

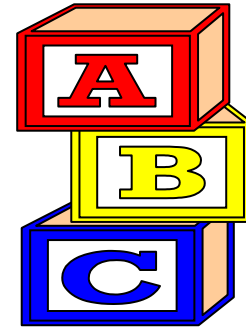
\_\_\_\_\_  
(Please sign)

\_\_\_\_\_  
Date

DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S PHONE: \_\_\_\_\_

# Discovery Kids PDO



**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), Jessica Munao, Director

Program runs from September 8, 2026 – May 28, 2027

In the Discovery Kids PDO 1- & 2-Year-old program, your child will participate in a variety of group activities such as free play, arts & crafts, puzzles, stories, music, playground fun, snack, and lunch. All activities are fully supervised by our teachers who will do their best to work within each child's abilities at this age. Please send your child with their diapers/pull-ups, wipes, and a change of clothes. A snack and lunch with drinks are needed each day.

## FAMILY INFORMATION

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CHILD'S NAME (name called)

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CHILD'S BIRTH DATE                      YES    NO  
Potty Trained

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CHILD'S ALLERGIES

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NAME OF PARENTS OR GUARDIANS

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STREET ADDRESS

---

CITY

---

ZIP CODE

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HOME PHONE

---

MOM CELL PHONE/WORK PHONE

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DAD CELL PHONE/WORK PHONE

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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

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Name

Phone #

---

Name

Phone #

---

Name

Phone #

(Please complete waiver on other side) FALL 2026

