



Greetings Families,

Thank you for your interest in Devonshire Preschool for the school year of 2025-2026! Children enrolling in the program must reach the class age by September 1, 2025. Two year olds may be in diapers, three and four year olds must be potty trained.

Your completed application MUST include the following. Registrations cannot be processed without:

1. **Preschool Application**
2. **Child Care Payment Agreement Form**
3. **\$100.00 Registration Fee** (non-refundable, \$125.00 fee for 2 or more children in same family.)
4. **Proof of Residency** (for families without an existing Skokie Park District account)
5. **Acknowledgment Form**
6. **Certified Birth Certificate** (we will make a copy)
7. **Updated Illinois Child Health Examination Form** (including TB, immunizations, and lead test results)

Registration is by appointment only. Admission to the program is on a first come first serve basis.

Please contact me with any questions regarding Devonshire Preschool or if you would like to schedule a registration appointment.

Sincerely,

Haley Carr
Preschool Director
Early Childhood Supervisor
847.929.7444 | hcarr@skokieparks.org

Devonshire Preschool 2025-2026 Monthly Tuition Rates

Two-year-olds may be in diapers. Three- and four-year-olds must be potty-trained.

Aging date is September 1, 2025.

Preschool Classes:

Age	Days	Dates	Times	Monthly Fee	Non-Res
2	MWF	9/3 – 5/22	9-11	300	375

Age	Days	Dates	Times	Monthly Fee	Non-Res
3	MWF	9/3 – 5/22	9-12	295	369
3	T/Th	9/2 – 5/21	9-12	197	246
3	M-F	9/2 – 5/22	9-12	492	615

Age	Days	Dates	Times	Monthly Fee	Non-Res
4	M-F	9/2 – 5/22	9-12	492	615
4	M-Th	9/2 – 5/21	9-12	393	491
4	M-F	9/2 – 5/22	9-3:30*	890	1112

Early Childhood Enrichment - options to extend your child's day:

Age	Days	Dates	Times	Monthly Fee	Non-Res
2	MWF	9/3 – 5/22	11-12	148	185
3	MWF	9/8 – 5/22	12-2	250	313
3	T/Th	9/9 – 5/21	12-2	174	218
3 & 4	M-F	9/8 – 5/22	12-2	312	390
4	M-Th	9/8 – 5/21	12-2	277	346

Child's Name:

Child's Age as of 9/1/25:

Preferred Preschool Days/Times:

Preferred Enrichment Days/Times:

*4s full day 9-3:30 program includes a lunch



Devonshire Preschool

2025-2026

REGISTRATION APPLICATION

The following information is confidential and will be kept on file in the school office.

Student's Name			
Nickname			
Address			
Today's Date	Birth Date	Place of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Legal Guardian #1 Name			
Address			
Home Phone		Cell Phone	
Email			
Work Phone		Work Address/City	
Work Hours		Occupation	
Parent/Legal Guardian #2 Name			
Address			
Home Phone		Cell Phone	
Email			
Work Phone		Work Address/City	
Work Hours		Occupation	
Parents are <input type="checkbox"/> living together <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> other:			
Child's Physician		Phone	
Does your child have allergies? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:		Medical conditions/limitations? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:	
Dietary restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:		Is your child on medication? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:	

For Office Use Only

ENROLLMENT DATE:	DISCHARGE DATE:
HH Number:	

EMERGENCY INFORMATION- Child's Name _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

Please list the name, address and phone numbers of 3 persons who are authorized to pick up your child on a daily basis. These persons will be authorized to assume responsibility of your child in the event of an emergency or if we are unable to reach the parents.

PRIMARY LIST **MUST LIST 3 NAMES**

PERSONS AUTHORIZED TO PICK UP AND CARE FOR YOUR CHILD.

Name/Relationship

Address

Home/Cell Phone

Work Phone

Name /Relationship

Address

Home/Cell Phone

Work Phone

Name /Relationship

Address

Home/Cell Phone

Work Phone

Signature of Parent/Legal Guardian

Date

SECONDARY LIST

PERSONS AUTHORIZED TO PICK UP YOUR CHILD ON AN OCCASIONAL BASIS.

Name /Relationship

Address

Home/Cell Phone

Work Phone

Name/ Relationship

Address

Home/Cell Phone

Work Phone

Name /Relationship

Address

Home/Cell Phone

Work Phone

PARENT AUTHORIZATIONS

Please sign all four required authorizations.

EMERGENCY CARE AUTHORIZATION

Insurance Provider:

Insurance Authorization #:

In the event of any emergency, I hereby authorize Skokie Park District staff to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I also authorize staff to administer CPR & First Aid for which they are trained. In case of an accident or health emergency, paramedics will be called. Every effort will be made to contact parents or guardians immediately

Signature of Parent/Legal Guardian

Date

AUTHORIZATION TO PARTICIPATE IN OUTDOOR ACTIVITIES

My child has my permission to participate in all outdoor activities at school. All outdoor activities will be scheduled on a daily basis, weather permitting. Any scheduled trip off the Center premises will require a signed permission form. I understand that my child will be supervised and the safety rules will be enforced. This is not intended as a waiver or release of any legal responsibility. Individual permission forms will be forwarded to parents prior to each event. We would appreciate your prompt reply to these announcements. Those children not having signed permission forms will not be allowed to participate in the trips.

Signature of Parent/Legal Guardian

Date

AUTHORIZATION TO USE PHOTOS FOR PUBLICITY

I consent to having my child's photograph used for publicity purposes by the Skokie Park District Preschool program. I understand that both the Preschool and the Skokie Park District are non-profit organizations and that the use of my child's photograph will be used on a strictly non-profit basis.

Signature of Parent/Legal Guardian

Date

RELEASE AND HOLD HARMLESS AGREEMENT

Participants 18 years of age or older and parents of participants under the age of 18 should read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries or damages you might personally sustain which might arise out of this program. As a participant in this program (or as a parent of a minor participant), I recognize and acknowledge that there are certain risks of physical injury associated with such participation and I agree to assume the full risk for any injuries, damages, or loss which I may sustain as a result of participating (or of my minor child's participation) in such program as against the Skokie Park District, its officers, agents, servants, and employees. I do hereby fully release and discharge the Skokie Park District and its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I may have or which may accrue to me on account of my participation (or on account of my minor child's participation) in the program. I further agree to indemnify, hold harmless, and defend the Skokie Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program (or my minor child's participation in the activities of the program). I have read and fully understand this Release and Hold Harmless Agreement and any program details provided to me. It is mutually understood that the facsimile registration document (including waiver and release of all claims) shall substitute for and have the same legal effect as the original form.

Signature of Parent/Legal Guardian

Date

CHILD AND FAMILY HISTORY

NAME AND AGES OF OTHER CHILDREN LIVING AT HOME

Name	Age
Name	Age
Name	Age
Name	Age
Name	Age

NAME AND RELATIONSHIPS OF ADULTS LIVING AT HOME OTHER THAN PARENTS

Name	Relationships
Name	Relationship
Name	Relationship

PERSONAL HISTORY

Normal Birth?	Premature Birth? If yes, how early:	Complications? If yes, please explain:
Birth Weight?		
Did child eat well as an infant?		
Age child began talking		
Does child speak in sentences?		
Does child speak more than one language?		
If yes, what language?		
What is your child's main language?		
If you have older children, how is this child developing compared to your older child?		

HEALTH HISTORY

Has your child had any serious illnesses or hospitalizations?
If yes, please explain.

What illnesses has your child had?

Has your child had any accidents or injuries?
If yes, please explain.

TOILETING HABITS

Check box if your child is in the 2's Classroom.

Are they: fully toilet trained not yet fully toilet trained

Students in the 3s and 4s classrooms have to be fully toilet trained

Can your child pull up and down pants and underpants without help?

Can your child wash and dry hands without help?

Does your child ask to use the toilet or does he/she need to be reminded?

Does your child have toilet accidents during the day?

What words does your child use to describe the following toilet functions?

Urination?

Defecation?

GENERAL BEHAVIOR

How does your child express his/her emotions? (i.e. happy, angry, sad...)

Does your child have any special fears?
If yes, please explain:

How does your child behave when you leave him/her?

Does your child get frustrated easily?
If yes, how do you handle his/her frustration?

How would you describe your child's overall personality?



Devonshire Preschool Payment Agreement

Payor Name _____

For Office Use Only:

Address _____

HH#: _____

City _____ Zip _____

Phone 1 _____

Phone 2 _____

Child Name	Class	Monthly Payment Amount

Credit Card Information:

Type: _____

#: _____

Exp: __ / __

CVV: ____

Agreement:

1. I understand that I am responsible for notifying the Skokie Park District if my credit card information changes.
2. I understand that these financial arrangements will remain in effect until: a) the total amount due is collected by the Skokie Park District, b) I have requested in writing a cancellation of the program and have paid all current fees, or c) the Skokie Park District or my financial institution sends me a notice of termination of this agreement.
3. Any declined payment will incur a \$25 service fee.
4. I have read and agree to comply with the preschool payment information printed on this form.

Print Name: _____

Sign Name: _____

Date: _____

**DEVONSHIRE PRESCHOOL 2025-2026
ACKNOWLEDGEMENT FORM**

I acknowledge that the Skokie Park District's Devonshire Preschool Program requires a fourteen (14) day written notice of withdrawal.

If I fail to give notice at any time during the school year, then I understand that I am financially obligated to pay one (1) month of tuition and that I will be charged in accordance with the arrangement I have indicated on my childcare Payment Agreement Form.

Signature of Parent/Legal Guardian

Date