



SPANISH LUNCH BUNCH

GRUPO DE ALMUERZO

Full Year Program



We welcome ages 3–6 to join us for Spanish Lunch Bunch! The opportunities to learn a second language and grow are essential for this impressionable age group’s future development. Señora Meza will focus on reading and writing in Spanish which will help with their ability to speak the language.



Please pack a lunch for your child to enjoy during the class!

12:00pm—2:00pm
 2 days a week! Thursdays/Fridays
 R: \$850/NR: \$950
 Or just sign up for one day,
 Thursday or Friday:
 R: \$425/NR: \$525
 Leisure Center Room 109
 Code #564509



Enroll at Leisure Center Front Desk

Creative Corners Preschool
 2222 Birch St. | Des Plaines
 DPParks.org | 847-391-5700

Registration form on back



PROGRAM REGISTRATION FORM

ADMINISTRATIVE & LEISURE CENTER
2222 Birch Street • Des Plaines, IL 60018 • P: 847-391-5700 • F: 847-391-5707

www.DPParks.org

Date: _____

***Household Last Name:** _____ ***First Name:** _____

***Address:** _____ ***City:** _____ ***Zip:** _____

***Home/Cell Phone:** _____ **Business Phone:** _____

***E-mail Address:** _____ ***Emergency Phone:** _____

**Required*

Has any of the information above changed since your last registration? Yes No

Is this your family's first time registering for a program? Yes No

First time Des Plaines residents: please provide proof of residency. Residency verified by staff:

American with Disabilities Act Need Accommodation Yes Name of participant: _____

Nature of disability: _____ Requested accommodation: _____

All requests for ADA accommodations in our programs must be made at least 2 weeks in advance of the program start date. Each request will be considered on a case by case basis in accordance with A-24 Behavior Management Guidelines. Every attempt to make reasonable accommodations will be made. Requests made with less than 2-weeks' notice may not be able to be fulfilled.

In order to process your registration, we require a signed waiver with payment.

Activity #	Program Name	Time/Day	Participant Name	M/F	Birth Date	Fee	Office	
The Park District Scholarship Fund needs your support. We appreciate your donation.					<input type="checkbox"/> \$1	<input type="checkbox"/> \$5	TOTAL \$	

Credit Card Payment (Check one): Visa MasterCard Discover The Des Plaines Park District reserves the right to change payment amount to reflect the correct fee.

Account #:

Exp. Date: /
mm / yy

Cardholder Name: _____
Print

3-digit CVV is on the back of your card.

Authorized Signature: _____

RELEASE AND HOLD HARMLESS WAIVER: Please read this form carefully and be aware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries you might sustain arising out of this program. As a participant in the program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such program(s). I agree to waive and relinquish all claims that I may have as a result of participating in the program(s) against the Des Plaines Park District (DPPD) and its officers, agents, servants and employees. I do hereby release and discharge the DPPD and its officers, agents, servants, and employees from any and all claims from injuries, damage, or loss which may accrue to me on account of my participation in the program(s), including transportation services and vehicle operations, when provided. I further agree to indemnify and hold harmless and defend the DPPD 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(s). I agree to the terms of the District Photo/Video Policy. I have read and fully understand the above Program Details and Waiver and Release of all Claims. Participant(s) or their legal guardian must sign this Waiver. The District will consider a facsimile signature as original.

COVID-19 AWARENESS AGREEMENT: I will not enter any Des Plaines Park District facility, or attend any Des Plaines Park District program, class or event if anyone in my household has a fever, cough, sore throat, shortness of breath, muscle aches, unusual headaches, loss of taste or smell, or stomach pain, or if anyone in my household has a confirmed case of COVID-19, or displays any symptoms of COVID-19, or if anyone in my household has come into close contact with anyone who has tested positive for COVID-19.

Participant(s): _____ **Parent/Guardian, if under 18:** _____ **Date:** _____
Signature Signature