



2025-2026

Registration Packet

We appreciate your interest in Cordova STEAM Preschool at Cordova Recreation and Park District (CRPD). Please fill out this registration packet and bring it with you as well as the items listed below when you register your child for our program.

Registration will take place in-person at the Hagan Community Center Office: 2197 Chase Dr. Rancho Cordova, CA 95670 916-369-9844

Micros – children must be 3 years of age on or before 9/1/2025 and fully potty trained.

Megas – children must be 4 years of age on or before 9/1/2025 and fully potty trained.

The following items must be completed in order to enroll in the Cordova STEAM Preschool:

- Student Information Form
- Agreement, Waiver & Release Form
- Copy of Birth Certificate
- Copy of Immunization Record
- 1st Months Fee
- Non-Refundable Administration Fee

General Information

Location: Hagan Community Center, Building #3
2197 Chase Drive
Rancho Cordova, CA 95670

Contact Info: STEAM Classroom 916-369-9844 tschleeter@cordovarpd.gov	Hagan Community Center 916-369-9844
Courtney Onstot Recreation Coordinator 916-382-8567 constot@cordovarpd.gov	Matthew Zimmerling Recreation Supervisor II 916-307-6865 mzimmerling@cordovarpd.gov

Hours: 9 a.m. – 12 p.m.

Program Dates: September 2 – May 8

Closure Dates: October 13 November 11 November 24 – 28 December 22 – Jan 2 January 19 February 16 – 20 April 3 – 10	School Holiday Veteran’s Day Thanksgiving Break Winter Break Martin Luther King Jr. Day President’s Week Break Spring Break
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Fees: A \$55 Non-Refundable Administration Fee is due at the time of registration

Payment Due	Month	Micros (Ages 3-4) T/TH	Megas (Ages 4-5) M/W/F
Upon Registration	September	\$236	\$330
9/20	October	\$236	\$330
10/20	November	\$236	\$330
11/20	December	\$236	\$330
12/20	January	\$236	\$330
1/20	February	\$236	\$330
2/20	March	\$236	\$330
3/20	April & May	\$236	\$330



Cordova Recreation & Park District
Cordova STEAM Preschool
Student Information Form
2025-2026



Class Information:

Megas: M/W/F

Micros: T/Th

Child Start Month/Date: _____

Student Information:

Child's Full Name: _____ Birthdate: _____

Preferred Name: _____ Pro-noun: _____

Primary language spoken at home: _____

Child lives with: Both Parents Mother Father Other: _____

Primary Grownup Name: _____

Address: _____

Phone (primary): _____ Birthdate: _____

Email: _____

Secondary Grownup Name: _____

Address: _____

Phone (primary): _____

Email: _____

Emergency Contacts:

In the event we need to contact a parent/guardian and we are unable to reach them, CRPD staff will contact the following individuals. All emergency contacts will also be authorized to pick up the above-named child:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Pick Up Authorization:

The following persons are authorized to pick up the above-named child, in the event that the parents/guardian is not available:

Name: _____ Phone #: (____) _____

Relationship to child: _____

Name: _____ Phone #: (____) _____

Relationship to child: _____

Name: _____ Phone #: (____) _____

Relationship to child: _____

Medical Information:

Allergies: _____

Treatment: _____

Foods/Dietary Restrictions: _____

Does the child have a medical condition that we should be aware of, such as seizures or asthma?

Does the child have any special conditions or characteristics that would limit active participation?

Does the child have vision, hearing, or speech difficulties?

Are you requesting a special accommodation for this Child? _____ Yes, _____ No

If Yes, please complete the CRPD Reasonable Accommodation Form (RAF) and submit with the Student Information Form. The RAF may be found by visiting cordovarpd.gov/recreation/inclusion.

Additional Information:

List names and ages of other children in the family:

Does your child have any fears we should be aware of?

What skills do you hope for your child to gain from their preschool experience?

What additional information would you like us to know about your child?

What does your child like to do for fun?

What motivates your child?

* I understand that the Cordova STEAM Preschool Handbook can be viewed and downloaded online at www.cordovarpd.gov or available by request from the Cordova Recreation & Park District. I acknowledge that the District has met its obligation to inform me of its policies and procedures by providing me with the Handbook. I understand that if I have a question regarding a specific area of content in the Handbook, I will contact CRPD staff to clarify information.

Primary Contact Name Printed: _____ **Date:** _____

Primary Contact Signature: _____

Please return this completed form to the Hagan Community Center.

Office Use Only:	
Immunizations Records verified by: _____	Date: _____
Birth Certificate verified by: _____	Date: _____



Cordova Recreation & Park District
STEAM Preschool Program
6/2/2025 - 5/8/2026
Hagan Community Center



AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by the Cordova Recreation & Park District to participate in the above-referenced activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors and assigns and that I shall indemnify and hold the Cordova Recreation & Park District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.) I hereby consent that the participant listed above, _____ (name) participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

(SIGNATURE of Parent/Guardian)

PRINT NAME

NAME OF PARTICIPANT

DATE