Preschool Application Summer 2017



$\underline{www.veteranspark district.org}$

	Child's Name:						
Class Registering For (Please Circle):							
Location:	Bataan (full Day)	Northlake (h	alf day)				
Number of	Days Attending:	2 Days (T/TH)	3 Days (M/W/F)	5 days (M-F)			
Accurate Information: It is important that we have correct information on all registration forms. If it is found that you have used an In District address that is not the child's legal residence, your child will be dismissed from the activity/program. Phone numbers MUST be working numbers. If there is an emergency, it is imperative that we are able to reach a parent or legal guardian. Veterans Park District is NOT responsible for incorrect or inaccurate information that is provided at the time of registration. If your phone number changes, please pass that information on to the Preschool Director as soon as possible.							
Who can make changes to your child's registration information if necessary (Change of name, contact information, etc)?							
Name of Person	on:						
Relation to Ch	hild:						

Child Information

1	. Child's Name (First/Last): _		Gender	: M/F Birth date:	
2	2. Home Address:	City		Zip Code:	
3	3. Please list contact numbers	where the parent/g	guardian can b	e reached at during Pro	eschool Hours:
	A. Name:	P	hone Number:		_
F	Relationship to child (circle one)	Mother Father	Grandparent	Other:	_
	B. Name:	P	hone Number:		_
R	elationship to child (circle one)	Mother Father	Grandparent	Other:	_
4.	Does your child speak English	n?YesNo	Under	stand English?Yes	No
5.	Do parents speak English?	_YesNo	Langua	ge spoken at home:	
6.	Brothers/Sisters names and age	es:			
7.	Please circle one: Right Han	ded Left Ha	nded	Undecided	
8.	Does your child need any spe			•	-
9.	Due to any religious beliefs an celebrations, Christmas show,	•	•	1 1	Birthday

Phone:

Child Health History

Please print and fill out all sections completely

Child's Physician:

10.

11.	Address:		
12.	explain		
13.	Does your child have a	ny health conditions or medi	cal needs that we should know about? If yes,
	Oue to any health condition	s are there any activities your of the same there any activities your of the same there are there any activities your of the same there are there are the same there are the same there are the same the	
I,		, parent/guardian have enroll	led my child in Veterans Park District
preschoo	ol, and hereby authorize Dr		, my child's physician, or any other
physicia	n in his/her group practice, in m	y behalf to administer Emergency n	nedical assistance to my child during a Park District
activity.	In the event Dr	or any p	ohysician in his/her group practice is not available, I
hereby a	uthorize the Veterans Park Dist	cict, their employees and agents to pr	rovide emergency medical assistance or to arrange for and
consent	to on my behalf immediate med	ical treatment by a licensed or certifi	ed physician or other medical personnel for my child
wheneve	er the authorized Park District pe	ersonnel believe such emergency me	dical assistance is necessary to protect the health, safety
and welf	fare of my child. I provided accu	rate and all information regarding m	y child's medical needs and health conditions, therefore I
know no	reasons why my child should n	ot participate in activities, except as	noted above.
Name 1	Printed	Signature	Date
			3

Sign Out for Safety

All parents are required to sign their child in when arriving to class and sign their child out when departing from the preschool. Veterans Park District will not allow any child to leave unless they are signed out by a parent/guardian or someone on the list below. Please include a minimum of three individuals whom you authorize to transport your child to/or from school. You may always alter or add to the list throughout the year by contacting the Preschool Director.

Primary List: Persons authorized to pick up the child regularly (**ALL SECTIONS MUST BE FILLED OUT COMPLETELY**)

First & Last Name	Phone Number	Address	Relationship to Child	
1.				
2.				
3.				

Contingency List: persons authorized to pick up the child occasionally, including conditions for releasing the child to such persons. (ALL SECTIONS MUST BE FILLED OUT COMPLETELY)

First & Last Name	Phone Number	Address	Relationship to Child	
1.				
2.				
3.				

Emergency Contacts

Please list a minimum of three people the school can call; in the unlikely case the parents cannot be contacted. (ALL SECTIONS MUST BE FILLED OUT COMPLETELY)

First & Last Name Pho	ne Number Ad	dress Relationship to	o Child
1.			
2.			
3.			
4.			

Parent/Guardian Information

Mother/Guardian Name:	
Home Address (if different from child):	
Phone: ()	
Mother's Employer Name:	
Employer Address:	
Employer Phone: ()	
Work Hours:	-
Father/Guardian Name:	
Home Address (If different from child):	
Phone: ()	
Father's Employer Name:	
Employer Address:	
Employer Phone: ()	Work Days:
Work Hours:	

Preschool Communication: Go Paperless!





If you would like to receive preschool communication reminders and forms via e-mail (Examples: days off reminders, tuition statements, tuition due date reminders, etc.) please fill out the bottom portion.

Yes, I would like to receive ALL preschool information including tuition account statement, payment reminders, family off reminders, and etc.	
Child's Name:	
Parent(s)/Guardian(s) Signature:	
Days attending Preschool:	
Preschool Attending: (Circle One please) Bataan	Northlake
E-mail address(es): (Please print clearly)	
1	
2.	

Excursions and Public Park Facilities



Part of the preschool daily routine requires outdoor activity time when weather is permitting.

I/We authorize Veterans Park District to take my/our child on walking trips and to nearby public park facilities. I/we understand such trips are under the supervision of Veterans Park District preschool staff and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Child's Name:		
Signature of parent/guardian:		
Relationship to child:	Date:	
Signature of parent/guardian:		
Relationship to child:	Date:	