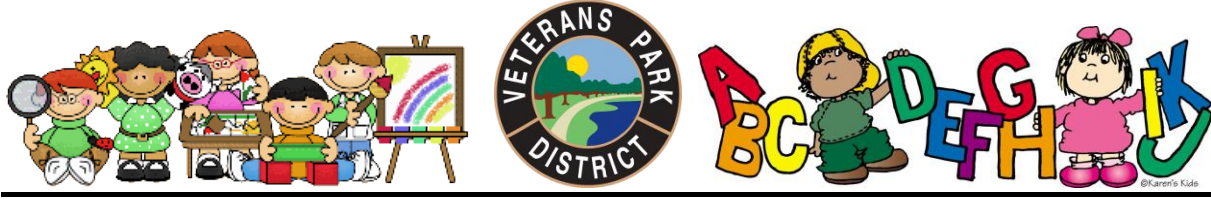


Preschool Application 2017-2018



www.veteransparkdistrict.org

Child's Name: _____

Class Registering For (Please Circle):

Location: Bataan (half day) Northlake (half day) Bulger (full Day)

If Registering for Bataan or Northlake Half Day (Please Circle): AM PM

Number of Days Attending: 2 Days (T/TH) 3 Days (M/W/F) 5 days (M-F)

If Registering for Before &/or After Care (Please Circle): Before After

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: _____

Relation to Child: _____

Child's Name:

Child Information

1. Child's Name (First/Last): _____ Gender: M/F Birth date: _____
2. Home Address: _____ City _____ Zip Code: _____
3. Please list contact numbers where the parent/guardian can be reached at **during Preschool Hours:**
 - A. Name: _____ Phone Number: _____
Relationship to child (circle one) Mother Father Grandparent Other: _____
 - B. Name: _____ Phone Number: _____
Relationship to child (circle one) Mother Father Grandparent Other: _____
4. Does your child speak English? ___Yes ___No Understand English? ___Yes ___No
5. Do parents speak English? ___Yes ___No Language spoken at home: _____
6. Brothers/Sisters names and ages: _____
7. Please circle one: Right Handed Left Handed Undecided
8. Does your child need any special accommodations to be successful in preschool? If yes, please explain _____

9. Due to any religious beliefs are there any activities your child cannot participate in? (Birthday celebrations, Christmas show, Halloween, etc) Please list if applicable. _____

Child's Name:

Child Health History

Please print and fill out all sections completely

10. Child's Physician: _____ Phone: _____

11. Address: _____

12. **Does your child have any allergies?** Yes No

If yes, please explain _____

13. **Does your child have any health conditions or medical needs that we should know about?**

If yes, please explain. _____

14. Due to any health conditions are there any activities your child **can not** participate in?

Emergency Care Release

I, _____, parent/guardian have enrolled my child in Veterans Park District preschool, and hereby authorize Dr. _____, my child's physician, or any other physician in his/her group practice, in my behalf to administer Emergency medical assistance to my child during a Park District activity. In the event Dr. _____ or any physician in his/her group practice is not available, I hereby authorize the Veterans Park District, their employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I provided accurate and all information regarding my child's medical needs and health conditions, therefore I know no reasons why my child should not participate in activities, except as noted above.

Name Printed

Signature

Date

Child's Name:

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.			

Child's Name:

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	Phone Number	Address	Relationship to Child
1.			
2.			
3.			
4.			

Child's Name:

Parent/Guardian Information

Mother/Guardian Name: _____

Home Address (if different from child): _____

Phone: () _____

Mother's Employer Name: _____

Employer Address: _____

Employer Phone: () _____ Work Days: _____

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 via e-mail including tuition account statement, payment reminders, family night flyers, days off reminders, and etc.

Child's Name: _____

Parent(s)/Guardian(s) Signature: _____

Days Attending: (Circle One please) 2 T/TH 3 M/W/F 5 M-F

Preschool Attending: (Circle One please) Bataan Bulger 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:** _____