

**WAUCONDA PARK DISTRICT
PRESCHOOL PARTICIPANT INFORMATION FORM
2018-2019 School Year**

Child's Name _____ Date of Birth _____
Address _____ City _____ Zip _____
Home Phone _____ Age _____

Father's Name _____ Date of Birth _____
Occupation _____ Name of Business _____
Business Phone _____ Business Address _____
Cell Phone _____ Cell Carrier _____

Mother's Name _____ Date of Birth _____
Occupation _____ Name of Business _____
Business Phone _____ Business Address _____
Cell Phone _____ Cell Carrier _____

Child's Physician _____ Phone _____
Physician's Address _____

Allergies and Food Restrictions: _____

Persons to call in case of emergency: (other than parents)

Name/Relationship

| | |
|----------|---------------|
| 1. _____ | Phone # _____ |
| 2. _____ | Phone # _____ |
| 3. _____ | Phone # _____ |
| 4. _____ | Phone # _____ |
| 5. _____ | Phone # _____ |

Persons authorized to pick up child: (other than parents)

Name/Relationship

| | |
|----------|---------------|
| 1. _____ | Phone # _____ |
| 2. _____ | Phone # _____ |
| 3. _____ | Phone # _____ |
| 4. _____ | Phone # _____ |
| 5. _____ | Phone # _____ |

PERSONAL INFORMATION ON CHILD

Child's Name _____

Other Family Members (living at your address) _____

Allergies _____

Food Restrictions _____

Physical Limitations _____

Has your child ever had any difficulty with hearing, vision or other parts of the body? ____

If yes, please explain _____

Are there any speech difficulties? _____

Has your child ever attended preschool before? _____

If yes, where and for how long? _____

What special interests does your child have? _____

What fears does your child express? _____

Does your child become angry easily? _____ Temper Tantrums? _____

What do you enjoy with your child? _____

What do you hope your child will gain from his experience in our preschool? _____

Please add any additional information that you feel is necessary for the staff to know about your child _____

CHILD CUSTODY INFORMATION

Do you have legal custody of this child? (Circle One) YES

NO

If NO, please read the **

Are you the legal guardian of this child? (Circle One) YES

NO

If NO, please read the**

****IF THERE IS A CUSTODY ISSUE WITH ANY CHILD YOU HAVE REGISTERED WITH US, YOU MUST PROVIDE A COPY OF A COURT ORDER THAT PROVES TO US WHO HAS LEGAL CUSTODY OF THE CHILD (REN).**

****IF YOU ARE IN THE MIDDLE OF A SEPARATION OR LEGAL PROCEEDING INVOLVING CUSTODY, WE WILL REQUIRE A LETTER SIGNED FROM BOTH OF THE BIOLOGICAL PARENTS THAT TELLS US WHO IS AUTHORIZED TO PICK-UP YOUR CHILD (REN) AND THAT WE MAY SPEAK TO EITHER PERSON REGARDING THE PRESCHOOL ISSUES AS NEEDED.**

AS WE GROW PRESCHOOL – ACKNOWLEDGEMENT FORM

I have fully read and understand the procedures, policies, rules and regulations contained in the parent handbook that are required of me and my child (ren) while enrolled in the Wauconda Park District Preschool program. I am also aware that there are certain consequences that may affect me or my child (ren) for not following these policies and procedures.

PLEASE INITIAL EACH ITEM WHERE INDICATED AND SIGN AT BOTTOM

1. I UNDERSTAND THE LATE PAYMENT FEE DESCRIBED IN DETAIL IN THIS HANDBOOK _____.

PARENT'S INITIALS

2. I HAVE FULLY READ AND UNDERSTAND THE WAUCONDA PARK DISTRICT PRESCHOOL BEHAVIOR POLICY _____.

PARENT'S INITIALS

3. I UNDERSTAND THAT ONLY THE PEOPLE THAT I HAVE LISTED ON MY PICK-UP LIST WILL BE ABLE TO TAKE MY CHILD FROM PRESCHOOL

PARENT'S INITIALS

Parent of Guardian Signature: _____ Date: _____

WAUCONDA PARK DISTRICT MEDICAL CONSENT FORM

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Any expenses incurred will be the responsibility of the child's family.

Name of minor _____ Date of Birth _____

Relationship (son or daughter) _____

Date or dates when release is intended: September 2018-May 2019

This form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____

WAIVER OF LIABILITY

The Wauconda Park District is committed to conducting its recreation programs in a safe manner and holds the safety of participants in high regard. The Wauconda Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of god, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exists. In this regard, it must be recognized that it is impossible for the Wauconda Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program activity, you will be expressly assuming risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity. (including transportation services and activity).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/minor) as a result of participating in this program/activity against the Wauconda Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "Wauconda Pak District.")

I do hereby fully release and forever discharge the Wauconda Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward.

Participant's Name (please print)

Participants Signature _____
(18 years or older or Parent/Guardian)

Date _____

We are putting together a telephone directory. All of the children's names will be printed, but you may decide whether you would like your address, phone number and e-mail printed as well.
Please circle which class your child attends:

2- 8:45AM

2-10:30AM

3AM

3PM

4AM

4PM

Pre-K

_____ I would like to have our address, phone number and e-mail listed as recorded below: (or only fill in sections you would like printed)

Child's
Name

Home
Address

City _____ State _____ Zip _____

Preferred Phone
Number

E-mail
Address

Parent(s)
Name

_____ I would **not** like to have my address, phone number or e-mail printed.

Signature

The Park District offers an automatic credit card payment option for Preschool. Your credit card will be billed automatically on the 1st of each month for Preschool. (MANY OF YOU MAY HAVE ALREADY FILLED THIS OUT AT REGISTRATION, A SECOND FORM IS NOT NEEDED, THIS IS JUST FOR THOSE THAT DID NOT ELECT TO DO AUTOMATIC PAYMENT AT REGISTRATION)

Family Name _____ 1st Child _____
2nd Child _____
3rd Child _____

Parent's Name (if different from child's)

Payment Amount (Specify amount for each child)

Credit Card Information

Visa _____ MasterCard _____ Discover _____ AmEx _____

Address _____ City _____ Zip Code _____

Credit Card Number _____ - _____ - _____

Expiration Date _____ 3 Digit Security Code _____

Cardholders Name (Please Print)

Authorized Signature
