



Preschool Location: _____

Teacher: _____

GRAYSLAKE COMMUNITY PARK DISTRICT
Student Information / Emergency Form
2018 – 2019 School Year

Child's Name _____ Male / Female

Nickname: _____ D.O.B. ____/____/____ Age _____

Address _____

City/State/Zip _____

Classroom Please check the class(es) in which your child is enrolled

- | | |
|---|---|
| <input type="checkbox"/> Young 3's M/W | <input type="checkbox"/> Young 3's T/TH |
| <input type="checkbox"/> 3yr. old - M/W/F am | <input type="checkbox"/> 3yr. old - M/W/F pm |
| <input type="checkbox"/> 3yr. old - T/TH am | <input type="checkbox"/> 3yr. old - T/TH pm |
| <input type="checkbox"/> 4yr. old - M/W/F am – Rec Center | <input type="checkbox"/> 4yr. old - M/W/F pm – Rec Center |
| <input type="checkbox"/> 4yr. old - M/W/F am – Jones Island | <input type="checkbox"/> 4yr. old - M/W/F pm – Jones Island |
| <input type="checkbox"/> Pre-K Enrichment am | <input type="checkbox"/> Pre-K Enrichment pm |

Parent/Guardian Information Check this box if both parents are authorized to pick up child

Mother's Name _____ Father's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email * _____ Email * _____

**required for billing and correspondence from your child's teacher*

Getting To Know Your Child

Has your child had a previous preschool, daycare or playgroup experience without a parent or caregiver? Yes No
If yes, how does your child respond when separating from a parent/caregiver? _____

Is English the primary language spoken at home? Yes No
If no, what language is spoken at home? _____

Can your child's speech be easily understood by non-family members? Yes No

What words does your child use to ask to use the bathroom? _____

What is the most frequent reason for discipline? _____

What discipline technique have you found to be most effective for your child? _____

How does your child react to discipline? _____

What are your child's strengths? _____

Which of the following best describes your child? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Likes to play alone | <input type="checkbox"/> Enjoys stories & books | <input type="checkbox"/> Prefers to play with friends/siblings |
| <input type="checkbox"/> Has imaginary friends | <input type="checkbox"/> Adapts well to adults | <input type="checkbox"/> Cooperates well with others |
| <input type="checkbox"/> Enjoys games & sports | <input type="checkbox"/> Enjoys music & movement | <input type="checkbox"/> Enjoys art & drawing |
| <input type="checkbox"/> Enjoys pets & animals | <input type="checkbox"/> Prefers indoor play | <input type="checkbox"/> Prefers outdoor play |

Check any behaviors your child has:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hitting | <input type="checkbox"/> Inability to Focus |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Temper Tantrums |
| <input type="checkbox"/> Biting | <input type="checkbox"/> Inability to Follow Directions | <input type="checkbox"/> Apprehensive |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Fearful | <input type="checkbox"/> Short Attention Span |
| <input type="checkbox"/> Other _____ | | |

If behaviors are checked above, please provide us with information that may be helpful such as, what might trigger the behavior(s) and how you address the behavior(s) with your child? _____

What do you expect your child to achieve in preschool? _____

Are there any special circumstances regarding your child which you'd like the teachers to be aware of? _____

Please provide any information that you believe will make your child more comfortable at preschool. Include special interests, favorite toy or game, activities, siblings, pets, etc. _____

Emergency Contacts – *Other than the person completing form, please list only those who are over age 18*

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Authorized to Pick Up Child

Other than the person completing form, please list authorized parent/guardian and only those who are over age 18 years old and able to pick up your child within 20 minutes. Children may leave only with those listed.

Check here if same as emergency contacts. If checked, no need to complete this section.

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Medical Information

Doctor _____ Phone _____

Allergies _____

Food Restrictions _____

Physical Limitations _____

IN CASE OF AN EMERGENCY, MY CHILD MAY BE TAKEN TO THE NEAREST HOSPITAL BY PARAMEDICS?

Yes No Parent/Guardian Signature _____ Date _____

Parent Agreement

I, the undersigned, have fully read, understand and agree to the contents of both the Preschool Parent Handbook and the contents of this form.

I, the undersigned, do hereby agree to make monthly installment payments as described in the 2017-2018 Payment Policy section of the I Love Learning Preschool Parent Handbook. I understand that payments are due **on or before the first of each month** and all fees must be paid in full no later than April 1, 2018. I agree and understand that a \$25.00 late fee will incur if payment is not received by the 10th day of that current month and that dismissal from the program will follow if payment is not received by the end of the month. Tuition is non-refundable once paid and is based on the total days in the school year divided into equal monthly installments and not on the actual days in the month. Any check that is deposited and returned for any reason will result in an additional \$10.00 charge. The check must be covered by a cash payment plus the \$10.00 charge.

Signature

Date

Printed Name

Relationship to Child

EMERGENCY TREATMENT

A minor may not be treated, even in an emergency situation except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors and children under the age of 18 except in cases of extreme emergency.

As a parent and/or legal guardian, I do here with authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will, with the purpose of authorizing medical treatment under emergency circumstances in my absence.

SIGNED: _____

DATE: _____

RELATIONSHIP TO CHILD: _____

RELEASE TO PERMIT THE TAKING OF PHOTOS

I understand that unless specifically stated in writing at the time of registration, registrants and participants permit the taking of photos and videotapes of themselves and their children during Park District activities for publication and the use of the Park District deem necessary.

SIGNATURE: _____

DATE: _____

IMPORTANT INFORMATION

The Grayslake Community Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Grayslake Community Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety.

Please recognize that the Grayslake Community Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering them self or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Grayslake Community Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself of your minor/ward for participation in Grayslake Community Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above programs with the Grayslake Community Park District.

I recognize and acknowledge that there are certain risks of physical injury to participants in the Grayslake Community Park District programs and I agree to assume the full risk of any such injuries, including death, damages or loss regardless of severity which I or my child/ward my sustain as a result of participating in any and all activities connected or associated with such programs. Hen registering by fax, it is mutually understood that the facsimile registration document (including the waiver and release of all claims) shall substitute for and have the same legal effect as the original form.

I agree to waive the relinquish all claims I or my child/ward may have as a result of participating in the programs against the Grayslake Community Park District and other agencies and its officers, agents and employees. I do hereby fully release and discharge the Grayslake Community Park District and its officers, agents, servants and employees from any and all claims from injuries including death, damages and losses sustained by me or my child/ward arising out of, connected with, or in any way associated with the activities of any of the programs. In the event of any emergency, I authorize the Grayslake Community Park District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for the payment of any and all medical services rendered. I also understand that unless specifically stated in writing at the time of registration, registrants and participants permit the taking of photos and videotapes of themselves and their children during Park District activities for publication and use as the Park District deems necessary.

SIGNATURE: _____

DATE: _____