



Child Information Form

Class registered for: MWF 8:45 MWF 10:30 TU/TH 8:45 TU/TH 10:30

Child's Name: _____ Birth Date: _____

Address: _____

Phone number(s) Please indicate if they are home (H), cell (C), work (W)

Mother/Guardian: _____ Primary Phone _____ H C W

Emergency Phone: _____ H C W

Address (if different from child's) _____

Lives with child? Yes No Shared Custody

Father/Guardian: _____ Primary Phone _____ H C W

Emergency Phone: _____ H C W

Address (if different from child's) _____

Lives with child? Yes No Shared Custody

Child will generally be picked up and dropped off by:

Other people authorized for transportation and relationship (ex. Grandma): _____

Please list any persons who are **UNAUTHORIZED** to pick up your child: _____

Allergies: _____

Other Health Concerns: _____

Prior group experiences: _____



WRITTEN CONSENT OF PARENTS OR GUARDIAN

A signature is required in each instance below before child can be enrolled.

FIRST AID & EMERGENCY MEDICAL CARE

This authorizes Yorkville Parks and Recreation Department employees of the preschool program to secure emergency medical care for my child when I cannot be reached at time of emergency.

I/We authorize Yorkville Parks and Recreation Department employees of the preschool program to administer first aid to my child when needed. We also authorize Yorkville Parks and Recreation Department employees of the preschool program to secure emergency medical care for my child when I cannot be reached at time of emergency.

I/We will be responsible for the emergency medical charges upon receipt of the statement.

The following doctor/clinic/hospital _____ is the preferred choice.

_____/_____/_____

Date

Signature of Parent / Guardian

Relationship to Child

Picture Authorization

I hereby give permission for my child's picture to be used for publicity when taken at preschool events, for public reasons and/or usage.

_____/_____/_____

Date

Signature of Parent / Guardian

Relationship to Child

Picture Authorization

I hereby give permission for my child's picture that was taken during classroom activities to be shared with preschool families on Remind.

_____/_____/_____

Date

Signature of Parent / Guardian

Relationship to Child

Please use the next page to explain any other information you feel is important for us to know about your child!

READY SET GO