

**EMERGENCY FORM**

- |   |   |
|---|---|
| <input type="checkbox"/> School Starters            | <input type="checkbox"/> 3 year olds              |
| <input type="checkbox"/> 2 year olds                | <input type="checkbox"/> 4 & year olds – Full Day |
| <input type="checkbox"/> 4 & 5 year olds – Half Day |   |

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your child go by a name other than their birth name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Person filling out this form and relation to the child: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Name: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Allowed to pick up child | <input type="checkbox"/> Not allowed to pick up child |
|---|---|

Father's Name: \_\_\_\_\_

Father's Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Allowed to pick up child | <input type="checkbox"/> Not allowed to pick up child |
|---|---|

Child's Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Please list people other than parents/guardians.*

**ALLOWED to pick up your child (please print)**

*Please list first and last name*

- |                 |              |
|-----------------|--------------|
| 1. Name: _____  | Phone: _____ |
| 2. Name: _____  | Phone: _____ |
| 3. Name: _____  | Phone: _____ |
| 4. Name: _____  | Phone: _____ |
| 5. Name: _____  | Phone: _____ |
| 6. Name: _____  | Phone: _____ |
| 7. Name: _____  | Phone: _____ |
| 8. Name: _____  | Phone: _____ |
| 9. Name: _____  | Phone: _____ |
| 10. Name: _____ | Phone: _____ |

**NOT ALLOWED to pick up your child (please print)**

*Please list first and last name*

- |                |
|----------------|
| 1. Name: _____ |
| 2. Name: _____ |
| 3. Name: _____ |
| 4. Name: _____ |
| 5. Name: _____ |

Child's Name: \_\_\_\_\_

**PERSONAL INFORMATION**

Parent's Marital Status: \_\_\_\_\_

Child's Siblings (Name & Age):

_____	_____
_____	_____
_____	_____

Child's Pets (Name & Animal):

_____	_____
_____	_____
_____	_____

1. Has your child been in a school setting/ daycare before?  Y  N  
2. Is your child right or left-handed?  Right-Handed  Left Handed

3. What are your child's favorite indoor activities?

_____	_____
_____	_____
_____	_____

4. Does your child have any special fears that you are aware of?

_____	_____
_____	_____
_____	_____

5. Does your child have any speech problems? Y      N  
If yes please list what they are:

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6. Does your child have any other problems we should be aware of?  
For example; sensory issues, attention problems, hyper active, etc. If yes, please list below:

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7. Additional comments or anything else we need to be aware of: \_\_\_\_\_

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Child's Name: \_\_\_\_\_

**MEDICAL CONSENT/RELEASE FORM**

*Please list any medical information that would be necessary for us to know to ensure proper medical treatment if necessary. All information will be kept confidential. If your child takes medication or needs medication during school please fill out a Medication Release Form (please attach doctors note).*

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I authorize the Midlothian Park District staff to help my child out if they have the following:  
*(please check all that apply)*

\_\_\_\_\_ Bump/Bruise      \_\_\_\_\_ Splinter      \_\_\_\_\_ Cut/Scratch      \_\_\_\_\_ Nose Bleed

I hereby grant authority to the Midlothian Park District and the instructor supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Midlothian Park District in the event I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Midlothian Park District.

Signature: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**CONSENT/RELEASE FORM**

**Photographs**

The Midlothian Park District occasionally takes photographs or video of participants for promoting/advertising our programs, events, activities and facilities in our brochures, website, agency social media, and other promotional avenues.

Our Teachers will be using ClassDojo to keep parents in the loop this year! They will share photos from class, important updates, and wonderful moments - like when students work hard and help each other. It is free and takes under a minute to set-up. To ensure privacy, this app is only open to parents of each class. If you have any questions, please feel free to contact your child's teacher at (708) 371-6191.

I authorize my child to be a part of ClassDojo. By authorizing, I understand that my child will be photographed, and it will be posted through ClassDojo. Your child's teacher and other parents of the class will be able to see these photos. The Midlothian Park District teachers will be posting picture of each student individual as well as a group to show you what is happening in the classroom. The Midlothian Park District may also use the pictures for programs, brochure, website, agency social media, and other promotional avenues.

By signing below, you authorize your child's photos to be take through ClassDojo as well as for promoting/advertising.

Signature: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

**ACKNOWLEDGEMENT**

I have received and acknowledge all policies and procedures in the Midlothian Park District Pre-School Handbook.

Initial: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_