



EARLY CHILDHOOD PROGRAM STUDENT INFORMATION FORM 2018-19

Please Print- Must be turned in to class instructor no later than the first day of class.

PROGRAM INFORMATION

Program:

- Just Me Alone Wee Threes Kids' Great Escape
 Little Bug Alone Camp Firefly Tickets to Travel S.T.E.A.M. Camp
 Safety Town Camp Princess Camp Superhero Camp

CHILD INFORMATION

Child's Name: _____
(First) (Last) (Name to be Used)

Prior Class/Preschool Experience: _____

Birthdate: ___ / ___ / ___ Right-Handed Left-Handed Unsure

Diapers/Pull-Ups Potty Trained As Of _____
Month/Year

MEDICAL / SPECIAL NEEDS

Check this box if your child has any special needs (physical, behavioral, cognitive, processing, social/emotional or communication.) If yes, please describe below.

Check this box if your child has any medical conditions or health concerns. List and describe:

Check this box if your child has any allergies. List and describe any possible reactions to exposure:

Check this box if your child takes any medication. List:

FAMILY INFORMATION

Parent Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Work Phone: _____

Parent Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Work Phone: _____

Name and ages of other children in family: _____

Check this box if there is a language other than English spoken at home. Language(s): _____

ADDITIONAL INFORMATION (INDICATE ANY INFORMATION PERTINENT TO CHILD'S PARTICIPATION IN THE PROGRAM)



EARLY CHILDHOOD PROGRAM AUTHORIZATION & CONSENT FORM 2018-19

CHILD INFORMATION

Child's Name: _____
(First) (Last)

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EMERGENCY CONTACTS / INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD (OTHER THAN PARENTS/GUARDIANS LISTED ON PAGE 1)

Name: _____ Home Phone: _____ Cell Phone: _____
Relationship to child: _____ Address: _____

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FIRST AID & EMERGENCY MEDICAL CARE CONSENT

I authorize permission for the Elmhurst Park District to administer first aid and/or obtain medical care for my child. The Elmhurst Park District is not responsible for any medical care expenses incurred.

FIELD TRIPS / EXCURSIONS

I authorize permission for my child to take walking field trips to park district parks and facilities.

FAMILY HANDBOOK

The Family Handbook is available online at <http://www.epd.org/programs/early-childhood> and can be picked up at the Wagner Community Center (615 N. West Avenue). I acknowledge that it is my responsibility to read the handbook and abide by the policies and procedures of the program.

SIGNATURE/ CONSENT

Parent/Guardian Signature: _____ Date: _____