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
- □ Little Bug Alone
- □ Camp Firefly
- □ Little Explorers
- □ 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)

Children enrolled in Just Me Alone, Little Bug Alone, and Wee Threes may wear diapers or pull-ups to class. If your child needs to be changed while at class, a parent/caregiver will be contacted for assistance. Instructors are not responsible for changing soiled clothing. A parent/guardian or caring adult must be available within fifteen minutes. *Children enrolled in Camp Firefly, Little Explorers, S.T.E.A.M. Camp, Safety Town Camp, Princess Camp, and Superhero Camp must be able to use the restroom independently. The routine use of diapers or pull-ups is not permitted.*

**TELL US ABOUT YOUR CHILD (TEMPERAMENT, LIKES/DISLIKES & ANY INFORMATION PERTINENT TO CHILD’S PARTICIPATION)**

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

**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**

Name and ages of other children in family: __________________________________________________________

List any important family information your wish to share: ____________________________________________

____________________________________________________________________________________________

□ Check this box if there is a language other than English spoken at home. Language(s): ________________
EARLY CHILDHOOD PROGRAM
AUTHORIZATION & CONSENT FORM 2019-20

CHILD INFORMATION
Child’s Name: ____________________________________________
(First) ____________________________________________ (Last)

PROGRAM INFORMATION
Program:
☐ Just Me Alone  ☐ Wee Threes
☐ Little Bug Alone  ☐ Camp Firefly  ☐ Little Explorers  ☐ S.T.E.A.M. Camp
☐ Safety Town Camp  ☐ Princess Camp  ☐ Superhero Camp

EMERGENCY CONTACTS / INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD (INCLUDE PARENTS/GUARDIANS FIRST)
Name: ____________________________________________ Relationship To Child: ____________________________________________
Cell Phone: ____________________________ Home Phone: ____________________________ Work Phone: ____________________________
Address: __________________________________________________________________________________________________________

Name: ____________________________________________ Relationship To Child: ____________________________________________
Cell Phone: ____________________________ Home Phone: ____________________________ Work Phone: ____________________________
Address: __________________________________________________________________________________________________________

Name: ____________________________________________ Relationship To Child: ____________________________________________
Cell Phone: ____________________________ Home Phone: ____________________________ Work Phone: ____________________________
Address: __________________________________________________________________________________________________________

Name: ____________________________________________ Relationship To Child: ____________________________________________
Cell Phone: ____________________________ Home Phone: ____________________________ Work Phone: ____________________________
Address: __________________________________________________________________________________________________________

Name: ____________________________________________ Relationship To Child: ____________________________________________
Cell Phone: ____________________________ Home Phone: ____________________________ Work Phone: ____________________________
Address: __________________________________________________________________________________________________________

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: ____________________________________________