



DATE: _____

Norridge Park District's Early Care | Preschool | School Age Program Enrollment Form

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

Address: _____

Home Phone: _____ Parent's Cell: _____ Email: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Primary language spoken: _____

Parents: Married: _____ Divorced: _____ Widowed: _____ Single Parent: _____

Child Resides With: _____ Full Custody: _____ Joint Custody: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name of Father/Legal Guardian: _____ SS#: _____

Occupation: _____ Employer: _____ Work Hours: _____

Employer's Address: _____ Employer Phone: _____
City State Zip

Name of Mother/Legal Guardian: _____ SS#: _____

Occupation: _____ Employer: _____ Work Hours: _____

Employer's Address: _____ Employer Phone: _____
City State Zip

HEALTH

Indicate and describe any special needs* or health concerns, if any (we may contact you for additional information, if necessary):

_____ Asthma _____ Allergies _____ Diabetes _____ Epilepsy

_____ Vision Problems Glasses: Yes No _____ Speech Problems

_____ Hearing Problems _____ Frequent Infections _____ Tubes

_____ Physical Disabilities _____ Other

Does your Child have any allergies? Yes No

*If yes, please list any allergies: _____

Does your child have any special needs or require accommodations? Yes No

Please note, a meeting to plan for accommodations must take place before the child can participate in the program. Please call to schedule a meeting.

Child's Physician: _____ Office Phone: _____

Physician Address: _____
City State Zip

NUTRITION

Are there any foods your child cannot eat? _____

Is there anything else you would like us to know about your child? _____

Early Childhood Only: Does your child use a sippy cup or regular cup/glasses? _____

(Please note: baby bottles are not allowed in the Two/Three year old program)

TOILET HABITS

Can your child be relied upon to indicate his/her restroom needs? _____

Does your child have frequent toilet accidents? _____

Early Childhood Only: Is your child in diapers? Pull-ups _____ Underwear _____

SOCIAL/ EMOTIONAL RELATIONSHIPS

Does your child have any brothers or sisters? Please list names and ages:

Sibling #1: _____ Age: _____ Sibling #2: _____ Age: _____

Sibling #3: _____ Age: _____ Sibling #4: _____ Age: _____

Is there any extended family at home? Please list: _____

Has your child had experiences in playing with other children? _____

Please indicate your child's nature:

____ Friendly ____ Active ____ Shy ____ Active ____ Withdrawn ____ Aggressive

How does your child relate to strangers? _____

Does your child have any special attachments? _____

Please note any specific situations in which your child tends to become:

Upset: _____ Angry: _____

Afraid: _____ Other: _____

How does your child express the above? _____

What works best for you in handling your child? _____

How do you comfort your child? _____

What are his/her likes and dislikes? _____

Is there anything else you would like us to know about your child and/or family?



Norridge Park District's Parent or Legal Guardian Emergency Contacts and Authorized Pick-Up List

Names listed below are emergency contacts in the event we cannot reach primary guardian. I give authorization to the following people other than myself, to pick up my child from the Norridge Park District's program. Please include spouse, if applicable. Persons on list must be 16 years of age and have identification (state ID, Driver's License, Passport, or School ID).

Name Relationship

Address City, State, Zip Phone #

Name Relationship

Address City, State, Zip Phone #

Name Relationship

Address City, State, Zip Phone #

Parent or Legal Signature Authorizing Pick-Up List Date

Home Phone # Emergency Phone #

Please Note: If someone other than those authorized above will be picking up your child, a written not with parent signature, email or a FAX (708) 457- 8385 must be sent with your child informing the Norridge Park District staff of the change. **NO PHONE CALLS WILL BEACCEPTED.**



Norridge Park District Consent Form

Childs Name: _____

1. I give permission for my child to go to the Norridge Community Park, to go on walking trips in the neighborhood, and to go on special excursions to places of interest with the understanding that such trips are under the supervision of authorized personnel of the Norridge Park District and that all possible precautions are taken to insure the health and safety of my child.
2. I give permission for my child to be transported in the Norridge Park District 15 passenger bus in the event of inclement weather when my child is participating in a planned walking field trip. The seatbelt-equipped busses are federally and state approved for transporting children.
3. I give permission for my child to be included in photos participating in various activities with his/her group. The Norridge Park District or the local news agencies may use the photos for publicity reasons.

Parent/Guardian Signature: _____ Date: _____



Consent for Emergency Medical Treatment

Child's Name: _____

Program: ___E-Learning ___Early Care ___Preschool ___School Age

In case of an emergency I cannot be reached I hereby give the Norridge Park District's staff permission to administer emergency medical treatment to my child i.e. call 911 and transport my child to the nearest hospital.

I understand that my child will be accompanied by a staff member who will wait with my child until I or someone from my authorized pick-up list arrives at the hospital.

Parent/Guardian Signature: _____

Date: _____



Norridge Park District Late Pick Up Policy

The Norridge Park District’s Early Care | Preschool | School Age Operating Hours.

Monday through Friday from 6:30 am until 6:00 pm.

The following policies apply.

- Late pick-up fees go into effect at 6:01 pm. The late fees are as follows.

6:01-6:10 pm	\$5.00
6:11- & after	\$5.00 plus \$2.00 per minute

- The fee for late pick-ups (after 6:00pm) will automatically be added to the next tuition payment.
- The Norridge Park District understands that emergencies occur. However, it is essential that the organization that we are immediately informed if you are unable to pick up your child on time. A phone call will help alleviate any anxiety your child may have.
- Staff will use due diligence to assist by calling someone from your emergency pick-up contact list to come and get your child for you.
- It is extremely important that emergency contact information for your child be kept up-to-date.
- If a parent, or other authorized person, does not arrive to pick up a child at the scheduled time and the Norridge Park District has not been informed of an emergency necessitating such no-show the following procedure will be followed:
 1. The late pick-up fees noted above will go into effect immediately
 2. After ten minutes have passed, staff will begin to telephone all contacts on record for the child beginning with the parents, then the three emergency contacts listed on the enrollment form, and lastly all persons on the child’s authorized pick-up list.
 3. If none of these persons can be contacted within 45 minutes of the scheduled pick-up time, police assistance will be sought.
 4. Staff will not hold the child responsible for the situation and discussion of this issue will only be with the parent or guardian and never the child.
- **Please Note:** The Norridge Park District reserves the right to suspend, refuse or discontinue service to any family with *three or more* late pick-ups within a one month period.

I have read and will abide by the late pick-up policies.

Parent Signature(s): _____ Date: _____