

**Prospect Heights Park District
110 W Camp McDonald Rd
Prospect Heights, IL 60070**

**KINDERSTOP REGISTRATION FORM
2020/2021**

Child's Name: _____

Child's Date of Birth: ___/___/___

Child's Grade Level: (Circle One): Pre-School - Kindergarten - 1st Grade

Home Address: _____

City, State & Zip: _____

Home Phone (____) _____ E-Mail: _____

Mother/Guardian Name: _____

Work Phone: (____) _____ M/Cell Phone: (____) _____

Father/Guardian Name: _____

Work Phone: (____) _____ F/Cell Phone: (____) _____

Which parent/guardian listed above should we contact, if a needed?

Mother Father

Which parent(s)/guardian(s) listed above is/are authorized for pick-up?

Mother Father

District #23 School: _____ Teacher's Name: _____

***Please let us know what portion of the program you will need, and
the days of the week your child will be attending.***

Please specify:

_____ Before School Care

_____ AM KinderStop (Child attends afternoon Kindergarten/Pre-School)

_____ PM KinderStop (Child attends morning Kindergarten/Pre-School)

_____ After School Care

Please circle days of attendance: M - Tu - W - Th - F

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Medical History:

Allergies:

List any/all prescription medications taken currently:

Physician Contact Information:

(TO BE USED ONLY IN CASE OF AN EMERGENCY.)

Physician's Name: _____

Phone: (____) _____

Consent for Medical Treatment:

This consent will be valid from August, 2019 through June, 2020, or until rescinded in writing by the parent or guardian. If at any time, an emergency occurs, and we are not able to reach a parent/guardian or secondary contacts, I hereby authorize the Prospect Heights Park District to take emergency measures as necessary to ensure my child's health and welfare. I will assume responsibility for any fees incurred in the administration of such medical treatment. I hereby grant permission for the emergency transportation and treatment of my child and the release of this registration form, which provides medical information as well as any other important emergency information.

Signature of parent/legal guardian: _____

Relationship: _____ Date: _____

Does your child need any special accommodations in order to be successful in this program?

Does your child have an IEP at school? _____

(If any accommodations are being requested during the KinderStop day, please include a copy of the current school IEP.)