

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

**KINDERSTOP REGISTRATION FORM  
2021/2022**

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

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_

Child's Grade Level: (Circle One): Early Childhood - Pre-School - Kindergarten - 1<sup>st</sup> 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:**

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**List any/all prescription medications taken currently:**

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**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This consent will be valid from August, 2020 through June, 2021, or until rescinded in writing by the parent or guardian.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: \_\_\_\_\_

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

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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.)