



CHILD'S INFORMATION CARD

Please complete this card in its entirety. Accurate information is necessary so that we may best serve your child. Please notify us immediately of any changes in your contact information.

Child's Name

Child's Photo

Date _____

Child's Name _____ Child's Preferred Name _____

Address _____

Parent/Guardian Name _____

Address (if different from child) _____

Cell Phone _____ Work Phone _____ Email _____

Parent/Guardian Name _____

Address (if different from child) _____

Cell Phone _____ Work Phone _____ Email _____

MEDICAL

Allergies _____

Medications _____

Family Physician Name _____ Address _____ Phone Number _____

PARENT HANDBOOK

I have received and agree to adhere to the policies and procedures in the Naperville Park District Preschool Parent Handbook.

Signature of Parent /Guardian _____ Date _____

CONSENT FOR TREATMENT

In the event of any emergency, I authorize Naperville Park District to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Signature of Parent /Guardian _____ Date _____

EMERGENCY CONTACTS. *Please list two contacts in case parents/guardians cannot be reached (2 required).*

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

AUTHORIZED PICK-UP

We are asking that you authorize a list of people (other than the child's parents or guardians) that you are allowing to pick up your child. We will not dismiss your child to an unauthorized person without prior written approval. You may add people to your list at any time. Please note: The persons you authorize to pick up your child may be asked to show identification the first time they pick up your child.

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____