WOODRIDGE PARK DISTRICT
TOTSCHOOL REGISTRATION /CHILD'S RECORD

NAME OF CHILD_____BIRTH DATE_____

NAME YOU WOULD LIKE TEACHERS TO USE _____

ADDRESS_____

E-MAIL ADDRESS (required)
_____

TELEPHONE – HOME _____

WORK (DAD)_____ (MOM)_____

CELL/PAGER (DAD)_____(MOM)_____

PARENT'S NAMES (DAD)_____(MOM)_____
MARITAL STATUS (please check one) Marrried__Widowed__Divorced__Single__

SISTERS/BROTHERS & AGES_____

PHYSICIAN'S NAME_____TELEPHONE_____

IN CASE OF EMERGENCY, PLEASE NOTIFY: ***Please list someone that lives close by, has transportation, and is expected to be home during your child's class time.***

NAME_____TELEPHONE_____RELATION_____

NAME_____TELEPHONE_____RELATION_____

CHILD'S **FOOD** ALLERGIES_____

CHILD'S **MEDICAL** ALLERGIES_____

PARENT OR GUARDIAN
SIGNATURE_____DATE_____

PERSONAL INFORMATION ON CHILD

1. Has your child ever attended preschool/child care before? If so, where and for how long?

2. What special interests does your child have?

3. What fears does your child express?

4. Is there any health issues that we should know about? (examples; frequent ear infections, difficult birth) Please give us as much detail as possible.

5. What do ou hope your child will gain from his/her Totschool experience?

6. Is there any information you would like us to know about your child?

7. What language is spoken at home? _____

Parental Consent Form

Parental Permission for Photographs and Video Films

I give my permission for my child _____ to be photographed or filmed for public presentations or publications. These may include but are not limited to pictures of your child used for our Totschool bulletin boards, Park District brochure and graduation video.

_____ Parent's Signature _____Date

Parental Request for Emergency Medical Treatment and First Aid

In case of illness or an accident, I hereby consent to the Woodridge Park District providing emergency care through a clinic, hospital, or doctor for:

_____Child's Name

_____Name of Preferred Physician_____Preferred Hospital

_____Physician's Address _____Physician's Phone

_____Parent Signature _____Date

Parental Consent for Visits and Field Trips

I hereby give consent to the Woodridge Park District to take _____
Child's Name

on walking or transported field trips with the understanding that such trips are under the supervision of authorized personnel of the Woodridge Park District, and that all possible precautions are taken to insure the health and safety of my child. Parents will be notified of all field trips at least one week in advance.

_____Parent Signature _____Date

Drop-Out Agreement

The Woodridge Park District requires a **minimum of two weeks** notice when you take your child out of the Totschool program. This two-week notice is needed so we can go to our waiting list and give the replacement time to complete all the necessary forms. You must also notify your Totschool teacher, when you decide to remove your child from the program.

If you do not comply with the two-week notification policy, you will be required to pay for the time the spot is vacant. This must be done to insure a balanced budget in the program.

We ask you to sign the form stating that you have been informed of the two- week notification for dropping the child from the Totschool class. By your signature you accept the responsibility of making payment if you do not comply with this rule.

Parent/Guardian Signature_____ Date_____

PICK UP
VERIFICATION FORM
2011-2012

Please list families, friends, or relatives who are allowed to pick up your child from school.

CHILD'S NAME _____

CLASS (please circle) MWF 9:00 MWF 12:00 TTH 9:00 TTH 12:00

PARENTS' SIGNATURE _____

Name	**Relationship**	**Phone #**