



KIDZ SQUAD Personal Profile Form
2010-2011

Child's Name _____ Age _____

BirthDate _____ Sex _____ Grade Level _____

School Attending: Edgewood() Murphy() Siple()
Goodrich() Meadowview() Willow Creek()

My child will attend KIDZ SQUAD:

Mornings (please circle) M T W TH F

Afternoons (please circle) M T W TH F

Home Address _____ City _____ Zip _____

Mother's Name _____ Mother's Email* _____

Mother's Home Phone _____ Mother's Work Phone _____

Mother's Cell Phone _____

Father's Name _____ Father's Email* _____

Father's Home _____ Father's Work Phone _____

Father's Cell Phone _____

***at least one Email address is required**

If there is another parental figure in your child's life, please complete the following information:

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____

Please list families or friends who are allowed to pick up your child from Kidz Squad.

Name Relationship to child Phone Number

Child's Physician _____ Phone _____

Does your child take any medication between 7:00 – 8:15 AM and/or 2:55 - 6:00 PM? No ____ Yes* ____
**If yes, please see your Site Director for the "Permission to Dispense Medication Form"*

Does your child have any seasonal/food allergies which have been diagnosed by a physician?
No ____ Yes* ____ *Please explain

Does your child have any medical conditions/limitations which could affect behavior and/or participation in KIDZ Squad? No ____ Yes* ____ *Please explain

Does your child have any fears and/or phobias? No _____ Yes* _____ *Please explain

Are there any custody/divorce or other family concerns that our staff should be alerted to?
No ____ Yes* ____ *Please explain

Indicate the name(s) of the person(s) responsible for payment of fees: _____

I swear or affirm that I am the parent or legal guardian of the minor I am enrolling in the KIDZ SQUAD program of the Woodridge Park District, and that I have legal authority to enroll the minor in this program. In addition, I attest that the information I supplied above is correct to my knowledge, and that I did not withhold any information pertinent to caring for my child/ward. Should any of the above information change, I understand that it is my responsibility to submit the changes in writing to the KIDZ SQUAD staff.

SIGNATURE OF PARENT/LEGAL GUARDIAN

RELATIONSHIP TO CHILD

DATE

Parent Acknowledgements

After reading the Parent Manual please complete the following by signing after each statement.

1. I have read the billing and payment section of the Parent Manual and am fully aware that payments are due the 25th of each month starting August 25, 2010. If payment is not received by the 1st of the month your child will be removed from KIDZ Squad until your account has been paid in full.

(Signature)

2. I am aware that it is my responsibility to contact my child's Site Director in the event that my child is not attending KIDZ Squad on his/her scheduled day. Failure to call the site phone prior to the start of KIDZ Squad will result in a Failure to Report Absent fee

(Signature)

3. I have read the Late Pick-Up Section of the Parent Manual and am fully aware that I will be charged \$1 for each minute I am late picking up my child/children beginning at 6:05 pm.

(Signature)

4. I am aware that the Park District does not provide Section 125, reimbursement accounts or tax information to parents for the Before and After School Programs. It is the parent's responsibility to keep track of expenses.

(Signature)