Woodridge PARK DISTRICT

Totschool
WOODRIDGE PARK DISTRICT
The Bridge from Home to School

TOTSCHOOL CHILD RECORD 2026-2027

FAX • MAIL-IN • DROP-OFF
Online Registration at www.woodridgeparks.org

CHILD INFORMATION	
Legal Name of Child	
Birth Date	
Address	**City**
Zip	
Email address (required)	
Name you would like teachers to use to address your child	

PARENTS NAMES				
(Parent 1)		**(Parent 2)**		
Marital Status (please check one)	☐ **Married**	☐ **Widowed**	☐ **Divorced**	☐ **Single**
Sisters/Brothers & Ages:				

PHONE NUMBERS	
Home	
Work (Parent 1)	**Work (Parent 2)**
Cell (Parent 1)	**Cell (Parent 2)**

EMERGENCY CONTACT INFORMATION	
Please list someone that lives close by, has transportation, and is expected to be home during your child's class time.	
Name	
Phone #	**Relationship**

Name	
Phone #	**Relationship**

PARENT OR GUARDIAN SIGNATURE AND DATE	

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CHILD RECORD

Child's Food Allergies (please provide Doctor's note)	
Child's Medical Allergies (please provide Doctor's note)	
Physician's Name	**Phone #**

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. Are 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 you 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?

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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 OR GUARDIAN SIGNATURE AND 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 OR GUARDIAN SIGNATURE AND 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 OR GUARDIAN SIGNATURE AND 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 ifyou do not comply with this rule.

PARENT OR GUARDIAN SIGNATURE AND DATE	

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PICK UP VERIFICATION FORM 2026-2027

Childs Name	

CLASS (PLEASE CHECK)

TOTSCHOOL (3 YEAR OLD)	
☐	TU/TH | 9:00-11:25 AM
☐	TU/TH/F | 9:00-11:25 AM
☐	TU/TH/F | 12:00-2:25 PM

TOTSCHOOL PRE-K (4 YEAR OLDS)	
☐	M/W/F | 9:00-11:25 AM
☐	M/W/F | 12:00-2:25 PM
☐	M/TU/W/TH | 9:15-2:40 PM **Full-Day Offering*

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

NAME	RELATIONSHIP	PHONE #