



**Learning Ladders Preschool  
2017-2018 Emergency & Permission Form**

**Please Circle the class(es) participant is enrolled in:**

**Gilbert Park:** Beginner Brown Bears    Beginner Black Bears    Middle Monkeys    Tall Tigers

**Sedgwick Park:** Little Lions    Leaping Lizards    Curious Kangaroos    Eager Eagles

**Recreation Center:** Playful Penguins    **Start Date (for mid-year enrollment only):** \_\_\_\_\_

Name of Participant \_\_\_\_\_ Child's Nickname \_\_\_\_\_

Sex    M    F    Date of birth \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Father's Business Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Business Address \_\_\_\_\_

Please list the names and relationships of other household members.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any health problems we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication(s) on a regular basis?

\_\_\_\_\_  
\_\_\_\_\_

~PLEASE COMPLETE OTHER SIDE~

Does your child have any specific allergies to certain foods or drinks?

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Is your child:            Right handed            Left handed            Not sure

Has your child participated in a preschool program before?            Yes    No

Please list any additional comments and information about your child that would be helpful for us to know about (fears, special instructions, problems, behaviors, etc.). Please feel free to attach additional sheets to this form as you feel necessary for our records.

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### **PARENT PERMISSION TO PROVIDE A PHYSICIAN AND HOSPITAL TREATMENT**

I hereby give my permission to the Park District of La Grange to call my physician or have my child taken to a hospital in the event of a serious accident or illness if I cannot be contacted. I will assume financial responsibility for all costs incurred throughout this procedure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

My child's physician is \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

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### **PUBLICITY PERMISSION**

I hereby give my permission to the Park District of La Grange to use the likeness of my child in TV, film, and printed media for the purpose of advertising or communicating the purpose of activities for this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **HANDBOOK AGREEMENT**

Upon registration, I received a parent handbook. I agree to abide by the policies and procedures outlined. As the parent / guardian, I will assume responsibility for my child(ren).

Signature \_\_\_\_\_ Date \_\_\_\_\_