

GLENVIEW PARK DISTRICT
PARK CENTER PRESCHOOL
CONTACT INFORMATION AND PARENT/GUARDIAN AGREEMENTS FORM

Participant's Name	M/F	Birth Date	SPECIAL MEDICAL NEEDS (Allergies/Medications)

PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
Parent/Guardian Name 1	Parent/Guardian Name 2
Home Address	Address
Phone #1	Phone #1
Phone #2	Phone #2
Relationship to Child	Relationship to Child

PERSONS AUTHORIZED TO PICK UP	EMERGENCY CONTACTS
Your child will ONLY be released to listed person(s) below. Use back for additional names. If a new name needs to be added please see the Preschool Director to add names to this form.	
Primary List	*List 2 local contacts other than parent/guardian to be contacted in an emergency
Name	Name
Relationship to Child	Relationship to Child
Address	Address
Zip	Zip
Phone	Phone
Name	Name
Relationship to Child	Relationship to Child
Address	Address
Zip	Zip
Phone	Phone
Name	Name
Relationship to Child	Relationship to Child
Address	Address
Zip	Zip
Phone	Phone
Name	Name
Relationship to Child	Relationship to Child
Address	Address
Zip	Zip
Phone	Phone

Child's Doctor's Name and Phone Number <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>	Is anyone prohibited from picking up your child? If yes, whom? <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>
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PARENT/GUARDIAN AGREEMENTS	
<p>Sign In & Out I understand that a child in Park Center Preschool may not arrive or leave the classroom unescorted, and may not sign themselves in or out. Anyone picking up a child will be asked for photo ID which will be matched against the child's authorized pick up list.</p> <p>Late Pick Up I understand my child must be picked up daily by the assigned dismissal time or they will be charged in accordance with the late pick up policy.</p> <p>Emergency Medical Attention If emergency medical attention is needed for my child, Park Center Preschool will attempt to contact me or the emergency contacts listed (if I cannot be reached). I authorize the Glenview Park District to call an ambulance to transport my child for medical treatment to the closest hospital and medical facility. My child's health information may be viewed by staff, on a need to know basis, and state licensors for compliance.</p>	
<div style="border: 1px solid black; background-color: #f9cb9c; padding: 5px; display: inline-block; width: 100%;">SIGNATURE:</div>	
Parent/Guardian	Date