

**West Chicago Park District  
Keppler Academy Preschool  
Confidential Information Sheet and Health Form**

**Household Information:**

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Nick Name \_\_\_\_\_ Birthday \_\_\_\_\_

Gender \_\_\_\_\_ Child Lives With \_\_\_\_\_

Primary Address \_\_\_\_\_

Mother's Name, Cell and Work Phone \_\_\_\_\_ W \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Name, Cell and Work Phone \_\_\_\_\_ W \_\_\_\_\_

\_\_\_\_\_

**Child's Medical Information:**

Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Is your child currently taking any medication? \_\_\_\_\_ If yes what \_\_\_\_\_

Are there any side effects to these medications \_\_\_\_\_ If yes please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Is there any food your child can't eat? \_\_\_\_\_

Does your child have asthma? \_\_\_\_\_ Will they need an inhaler? \_\_\_\_\_ Will they need help Administering it? \_\_\_\_\_

Any vision, hearing, or speech problems? \_\_\_\_\_

Date of last Tetanus shot? \_\_\_\_\_

Is your child up to date on all age appropriate immunizations? \_\_\_\_\_

**Your Child:**

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_ Birthmarks \_\_\_\_\_

Has your child ever attended a preschool/child care program before? \_\_\_\_\_

As a parent what are your expectations of this program? \_\_\_\_\_

Does your child have any special needs that staff should be aware of? \_\_\_\_\_

Is your child:

Shy \_\_\_\_\_ Quiet \_\_\_\_\_ Aggressive \_\_\_\_\_ Energetic \_\_\_\_\_

Leader \_\_\_\_\_ Follower \_\_\_\_\_ Indifferent \_\_\_\_\_

Please list your child's favorite activities \_\_\_\_\_

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

## Authorization for Pickup Form/Emergency Contacts

Your emergency contacts should be a list of people you are allowing to pick your child up from the program if you are unable to pick up your child. Please include spouses or child's other parent.

The West Chicago Park District Kepller Academy Preschool Program will NOT release your child to anyone who is not on the Authorization Pickup form. Please inform your child's teacher who will be picking your child up each day.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

## Discipline

The Keppler Academy believes guidance/discipline as an ongoing learning process that helps develop self-control and positive social behaviors. We will help the children work through their problems in a positive constructive way. We encourage using words to express feelings and communicate needs. We will also help redirect to new activities if a child is have a difficult time. Our goal is to foster positive self-esteem and positive social interactions.

## Classroom Rules

All members of the classroom will respect others and classroom belongings

All members of the classroom will use kind words and a kind voice when speaking to each other

Walking feet are used inside

Hands and feet are kept to ourselves

Children will clean up after themselves after each activity is done

We use our words to work out problems

If a child is having difficulty following the classroom rules the teacher may help by

-Helping the child find the words to communicate their needs

-Redirect them to another activity

-Take a break from the group with the child to calm down

The West Chicago Park District reserves the right to dismiss any child that the coordinator and staff agree is disrupting the educational environment. Parents will receive notice prior to the situation getting to this point. There will be no refunds of any kind if a child is dismissed because of behavior during the year.

I \_\_\_\_\_ have read and fully understand the above program rules and consequences.

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT'S AUTHORIZATION**

My child is a participant in the West Chicago Park District's Keppler Academy Preschool Program, and I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which may be sustained as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have as a result of my child's participating in the program against the Park District and its officers, agents, servants and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss, which may have or which may accrue to my child on account of my child's participation in the program.

I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damage or losses, by my child and arising out of connected with or in any way associated with the activities of the program.

In the event the undersigned cannot be reached in an emergency, permission is hereby granted to the West Chicago Park District Staff to allow paramedics to transport my child to Central DuPage Hospital\* and for the staff at Central DuPage Hospital to perform any treatment necessary to keep my child alive.

I have read and fully understand the above Program Details and Waiver and Release of All Claims.

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Parent or guardian signature

Date

\*If you do not wish your child to be transported to Central DuPage Hospital, please specify the hospital desired. It must be in the service range of the West Chicago Fire Protection's paramedics. By listing a different hospital, you give their staff permission to treat your child.

## Please sign the following waivers

### **Emergency Medical Care**

This authorizes the West Chicago Park District personnel to secure EMERGENCY medical care for my child when I/we can not be immediately reached at the time of an emergency. I/we understand that we will be responsible for the emergency medical charges upon receipt of the statement. Some instances may include, but are not limited to, possible broken bone, allergic reactions, stitches, asthma attacks, life or death procedures \_\_\_\_\_(please initial

### **Photo Release**

I understand that my child/ren \_\_\_\_\_ while being at camp will have their picture taken, and that this picture may be used for marketing Camp with for the West Chicago Park District. These pictures will not be given to any outside group/organization. \_\_\_\_  
\_\_\_\_\_(please initial)

I \_\_\_\_\_ have read and understand the following:

The rules and consequences listed in the parent handbook.

The West Chicago Park District Keppler Academy Preschool Program tuition must be received by the 5<sup>th</sup> of the month or I will receive a \$35 late payment fee to be paid with the monthly payment. If this becomes a habitual problem full payment will be requested for the remainder of the school year.

My deposit is non-refundable and non-transferable. My deposit will be used towards my last month's payment ONLY IF I have notified the Park District prior to making my last month's payment.

Paperwork must be received PRIOR to my child starting the program.

\_\_\_\_\_  
Parent's Signature

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Date