

**Veterans Park District
After School Care/Break Camp Program
Registration Information**

Childs Name: _____ **Birthday:** _____
Age: _____ **Sex: M F** _____ **Grade in school:** _____
School: _____ **Email:** _____
Name of Teacher (if available) _____

Does your child have special needs? _____

Home address: _____

Mothers Name: _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____

Fathers Name: _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____

Waiver and Release: I do hereby fully release and discharge the Veterans Park District District 83, District 87, and District 89 schools, their officers, agents, servants, employees, and After School Care/Break Camp coordinators from any and all claims from injuries including death, accident, damage or loss sustained by my child and arising out of, connected with, or in any way associated with the Veterans Park District After School Care/Break Camp Program.

Child Health History Record

Please Print

Fill out all sections completely

Name: _____

Part I: Illness and Injuries (check any chronic or recurring illness)

_____ Asthma	_____ Hypertension	_____ Heart Defect/Disease
_____ Diabetes	_____ Ear Infections	_____ Musculoskeletal Disorders
_____ Seizures	_____ Bleeding/Clotting	_____ Other (explain below)

Date of last exam: _____ Date of last Tetanus Shot: _____

Any activities to be restricted:

Family Physician: _____ Phone: _____

I know no reasons why my child should not participate in activities except as noted above.

Signature of Parent/Legal Guardian: _____

Part II: Allergies: (check any that apply and specify nature of allergic reaction)

_____ Animals	_____ Insect Stings	_____ Pollen	_____ Plants
_____ Hay Fever	_____ Medications/ Drugs	_____ Other (explain below)	

Nature of allergic reaction:

Other:

Part III: Other Health Conditions (check all that apply and describe on reverse side)

<input type="checkbox"/> Hearing Impairments	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Fainting	<input type="checkbox"/> Emotional Disturbances	<input type="checkbox"/> Wears glasses/contact lenses
<input type="checkbox"/> Speech Impediment	<input type="checkbox"/> Special Diet Restrictions	<input type="checkbox"/> Visual Impairments
<input type="checkbox"/> Takes Medications		

List medications and reasons:

Emergency Care Release

I, _____, parent/guardian of _____ have enrolled my child in Veterans Park District After School Care/Break CampCare/Break CampProgram, and hereby authorize Dr. _____, my child's physician, or any other physician in his/her group practice, in my behalf to administer emergency medical assistance to my child during a Park District activity. In the event Dr. _____ or any physician in his/her group practice is not available, I hereby authorize the Veterans Park District, their employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child.

Signature of parent/guardian: _____ **Date:** _____

**Permission to Dispense Medication
Waiver and Release of All Claims**

The Veterans Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian.

Name of Program: _____ **Date:** _____

I _____ the parent/guardian of _____
give permission to Veterans Park District to administer to my child

Name of prescription _____

I understand my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

I understand my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

Participants Name: _____

Name of Medicine and Complete Dosage: _____

Instructions: _____

In all cases the recommended dosage of any medication will not be exceeded. If after administering medications there is an adverse reaction, I give my permission to the Veterans Park District/District 89, Melrose Park Civic Center School to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered

I recognize and acknowledge that there are certain risks of physical injury in connection with the administration of medication to my minor child. In consideration of the Veterans Park District administering medication to my minor child, I do hereby fully release or discharge the Veterans Park District and District 89, Melrose Park Civic Center School, their officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medications.

Signature of Parent/Guardian: _____ (if applicable)

Date: _____

**Veterans Park district
Late Policy**

It is important that you be on time when Picking up your child.
Parents who are late picking up their child / children will be charged a flat rate of \$15
Pleas call us in advance, if you know you will be late.

By signing, you are agreeing to the Veterans Park District Late Policy.

Signature of Parent: _____

Please Print Name Clearly: _____

Date: _____

**Veterans Park District
Behavior Policy**

- A. First Occurrence: The first time the child acts out the undesirable behavior, he/she will be asked to sit out of an activity for 3 minutes, during this time a counselor will attempt to help the child adjust his behavior in a positive manner.
- B. Second Occurrence: A behavior report detailing the repeated displays of inappropriate behavior will be sent home the day of the incident.
- C. Third Occurrence: Parent/guardian will attend a mandatory meeting with the After School Coordinator and After School Care Aide to discuss the child's behavior.
- D. If inappropriate behavior continues after the meeting, Veterans Park District will pause the child from After School Care. The child will be allowed back once a behavior plan has been drafted by the After School Coordinator and approved by the Director of Recreation or the Executive Director, in the absence of the Director of Recreation.
- E. If inappropriate behavior continues, the child will be paused from the After School Care program under the direction of the Executive Director, until further notice.

Signature of the participant or parent/guardian: _____

Please Print Name Clearly: _____

Date: _____

Sign Out For Safety

The Veterans Park District Sign Out for Safety system will improve the security of our After School Care/Break Camp Program during departure times. At registration, all parents will be required to submit a list of people that are permitted to pick up their child. The Program Supervisor will only release children to the people designated on the list. These people will also be required to sign their name at the time of dismissal.

Please inform the people picking up your child (those on the list) about the Sign Out for Safety system. Program Supervisor will not allow any child to leave with someone who is not on the list and does not sign the sheet.

Please include parents' names and anyone you would use in an emergency who may pick up your child.

Print First and Last Names: _____
Phone Number: _____
Signature of Parent/Guardian: _____
Date: _____

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Phone Number: _____
Signature of Parent/Guardian: _____
Date: _____

Print First and Last Names: _____
Phone Number: _____
Signature of Parent/Guardian: _____
Date: _____

Print First and Last Names: _____
Phone Number: _____
Signature of Parent/Guardian: _____
Date: _____

I allow my children to sign themselves out and leave the facility on their own.

Circle Yes No

Signature of parent required only if circled yes.

Signature of Parent/Guardian: _____

Date: _____