



# Growing Tree Preschool AT GURNEE PARK DISTRICT

## 2019/2020 Preschool Information Form

**FORM MUST BE RETURNED BY AUGUST 22, 2019**  
or three days before start date, if enrolling after above date

**Hunt Club Park Community Center** • 920 N. Hunt Club Rd • Gurnee, IL 60031 • Main (847) 623-7788 • Fax (847) 855-1372

**Viking Park Community Center** • 4374 Old Grand Ave • Gurnee, IL 60031 • Main (847) 623-7788 • Fax (847) 623-8121

**Viking Park Community Center** - Please check the class in which your child is enrolled

- |  |  |
|--|--|
| <input type="checkbox"/> 615101-01 — T/Th 2 1/2 YR 9:15-11:15a | <input type="checkbox"/> 615107-01— M/W/F 4YR 9:00a-1:00p  |
| <input type="checkbox"/> 615103-01 — T/Th 3YR 9:00 -11:30a     | <input type="checkbox"/> 615107-02— M/W/F 4YR 9:00 -11:30a |
| <input type="checkbox"/> 615103-02 — M/W/F 3YR 9:00 -11:30a    | <input type="checkbox"/> 615106-02 — T/Th 4YR 9:00a-1:00p  |
| <input type="checkbox"/> 615103-03 — M-F 3YR 9:00 -11:30a      | <input type="checkbox"/> 615108-01— M/W/F 4YR 9:00a-1:00p  |
|  | <input type="checkbox"/> 615108-03— M-F 4YR 9:00a-1:00p    |

**Hunt Club Community Center** - Please check the class in which your child is enrolled

- |  |  |
|--|--|
| <input type="checkbox"/> 615102-01 — T/Th 2 1/2 YR 9:30-11:30a | <input type="checkbox"/> 615109-01 — M/W/F 4 YR 9:15-11:45a  |
| <input type="checkbox"/> 615104-01 — T/Th 3YR 9:15-11:45a      | <input type="checkbox"/> 615109-02 — M/W/F 4 YR 12:45-3:00p  |
| <input type="checkbox"/> 615104-02 — M/W/F 3YR 9:15-11:45a     | <input type="checkbox"/> 615111-01 — M-F 4 YR 9:15-11:45a    |
| <input type="checkbox"/> 615104-03 — M-F 3YR 9:15-11:45a       | <input type="checkbox"/> 615114-01— Full Day 4YR 9:00a-3:00p |

**General Information**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Birth date \_\_\_\_\_

Check here \_\_\_\_\_ if both parents/guardians are authorized to pick up child.

Parent/Guardian _____	Parent/Guardian _____
Cell Phone _____	Cell Phone _____
Address _____	Address _____
City _____	City _____
Employer _____	Employer _____
Work Hours _____	Work Hours _____
Work Phone _____	Work Phone _____
Work Cell Phone _____	Work Cell Phone _____
Sibling's Name _____	Sibling's Age _____

Please list your e-mail address below in order to receive e-mails and updates from your child's teacher.

## General Information- Continued

Has your child had a previous preschool, day care or playgroup experience without a parent or caregiver?  Yes  No

If yes, how does your child respond when separating from a parent/caregiver? \_\_\_\_\_

Is English the primary language spoken at home?  Yes  No

If no, what language is spoken at home? \_\_\_\_\_

Can your child's speech be easily understood by non-family members?  Yes  No

What word(s) does your child use to ask to use the bathroom? \_\_\_\_\_

Which of the following best describes your child? (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Likes to play alone   | <input type="checkbox"/> Enjoys stories & books  | <input type="checkbox"/> Prefers to play with friends/siblings |
| <input type="checkbox"/> Has imaginary friends | <input type="checkbox"/> Adapts well to adults   | <input type="checkbox"/> Cooperates well with others           |
| <input type="checkbox"/> Enjoys games & sports | <input type="checkbox"/> Enjoys music & movement | <input type="checkbox"/> Enjoys art & drawing                  |
| <input type="checkbox"/> Prefers indoor play   | <input type="checkbox"/> Enjoys pets & animals   | <input type="checkbox"/> Prefers outdoor play                  |

Check any behaviors your child has:

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Withdrawn   | <input type="checkbox"/> Hitting                        | <input type="checkbox"/> Inability to Focus   |
| <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Easily Distracted              | <input type="checkbox"/> Temper Tantrums      |
| <input type="checkbox"/> Biting      | <input type="checkbox"/> Inability to Follow Directions | <input type="checkbox"/> Apprehensive         |
| <input type="checkbox"/> Impulsive   | <input type="checkbox"/> Fearful                        | <input type="checkbox"/> Short Attention Span |
| <input type="checkbox"/> Other _____ |   |   |

If behaviors are checked above, please provide us with information that may be helpful such as, what might trigger the behavior(s) and how you address the behavior(s) with your child. \_\_\_\_\_

What discipline technique have you found to be most effective for your child? \_\_\_\_\_

Please provide any information that you believe will make your child more comfortable at preschool. Include special interests, favorite toy or game, activities, siblings, pets, etc. . \_\_\_\_\_



## Medical Information

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Will our staff be required to administer medication to your child? \*  Yes  No

Does your child have diagnosed food allergies? \*\*  Yes  No

If yes, please explain \_\_\_\_\_

Does your child have non-food allergies or food restrictions? \*\*  Yes  No

If yes, please explain \_\_\_\_\_

Does your child have special needs or accommodations? \*\*\*  Yes  No

If yes, please explain \_\_\_\_\_

\*A Permission to Dispense Medication Form must be completed for staff to dispense medication during preschool hours.

\*\* An Allergy Action Plan must be completed if allergies are life threatening.

Both forms are available from the Registration Desk at both locations or at [www.gurneeparkdistrict.com](http://www.gurneeparkdistrict.com).

\*\*\* Warren Special Recreation Association can assist with the inclusion process. Please contact WSRA at (847) 244-6619 to begin the process so that appropriate accommodations can be made before your child begins.

## Authorized to Pick Up Child

Other than person completing form. Please list authorized parent/guardian and only those who are over 18 years old and able to pick up your child within 20 minutes. Children may leave only with those listed.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_



**Emergency Contacts** - Other than person completing form. Please list only those who are over age 18.

Check here if same as authorized to pick up. If checked, no need to complete this section.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Staff will administer first aid as necessary.

In case of emergency, child will be taken to the nearest hospital by ambulance.

Photos/video will be taken for publicity purposes.

**Parent Agreement**

I, the undersigned, have fully read, understand and agree to the contents of both the Preschool Parent Handbook and the contents of this form.

I, the undersigned, do hereby agree to make monthly installment payments as described in the 2019/2020 Payment Policy section of the Growing Tree Preschool Parent Handbook. I understand that payments are due **on or before the fifteenth of each month** and all fees must be paid in full no later than April 15, 2020. (Example: October tuition is due September 15) Tuition is non-refundable once paid and is based on the total days in the school year divided into equal monthly installments and not on the actual days in the month. Any check that is deposited and returned for any reason will result in an additional \$10.00 charge. The check must be covered by a cash payment plus the \$10.00 charge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to child

