



Growing Tree Preschool AT GURNEE PARK DISTRICT

2018/2019 Preschool Information Form

FORM MUST BE RETURNED BY AUGUST 23, 2018
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"/> 515101-01 — T/Th am 2 1/2 YR | <input type="checkbox"/> 515107-01— M/W/F 4YR until 1:00p |
| <input type="checkbox"/> 515103-01 — T/Th am 3YR | <input type="checkbox"/> 515106-02 — T/Th 4YR until 1:00p |
| <input type="checkbox"/> 515103-02 — M/W/F am 3YR | <input type="checkbox"/> 515108-01 — M/W/F 4YR until 1:00p |

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

- | | |
|---|--|
| <input type="checkbox"/> 515102-01 — T/Th am 2 1/2 YR | <input type="checkbox"/> 515109-01 — M/W/F am 4 YR |
| <input type="checkbox"/> 515102-02 — M/W pm 2 1/2 YR | <input type="checkbox"/> 515109-02 — M/W/F pm 4 YR |
| <input type="checkbox"/> 515104-01 — T/Th am 3YR | <input type="checkbox"/> 515111-01 — M-F am 4 YR |
| <input type="checkbox"/> 515104-02 — M/W/F am 3YR | <input type="checkbox"/> 515114-01— 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 words 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.

*** Warren Special Recreation Association can assist us to include children with special needs. Please contact WSRA at (847) 244-6619 to begin the process so that appropriate accommodations can be made before your child begins. Note that this takes a minimum of two weeks.

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.

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 2018/2019 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, 2019. (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

