



DOWNERS GROVE PARK DISTRICT KIDZONE PROGRAM Child Information Sheet

Date _____

Family Name _____
Address _____
City _____ Zip _____
Phone (H) _____ (Emergency) _____

Children in the Downers Grove Park District Kidzone Childcare

Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____

Please describe any situation that you feel would be beneficial for the Childcare staff to know. All information will be kept strictly confidential and is used solely to guarantee the safety of your children.

The Downers Grove Park District strives to comply with the 1990 Americans With Disabilities Act (ADA). Please indicate if you or any member of your family needs special assistance or accommodations to participate in programs: YES _____ NO _____	
Participant's Name _____	Program Name _____

Please list any habits your child(ren) may have (sucking thumb, speech difficulties)

Does your child(ren) have any allergies? _____ yes _____ no

Is she/he potty trained? _____ yes _____ no

Does your child(ren) take any regular medication? _____ yes _____ no

If yes, please list medication(s) _____

***PLEASE NOTE: PARK DISTRICT STAFF WILL NOT ADMINISTER ANY MEDICATION TO YOUR CHILD.**

Please read this form carefully and be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of this program.

As a participant in the program, 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 I or my child may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Downers Grove Park District and its officers, agents and employees. I do hereby fully release and discharge the Downers Grove Park District and its officers, agents and employees from any and all claims resulting from injuries, including death, damages, or loss sustained by me and arising out of connected with, or in any way associated with the activities of the program.

Parent Signature _____