

**GLENVIEW PARK DISTRICT
PARK CENTER PRESCHOOL
CONTACT INFORMATION AND PARENT/GUARDIAN AGREEMENTS FORM**

Participant's Name	M/F	Birth Date	SPECIAL MEDICAL NEEDS (Allergies/Medications)

PARENT/GUARDIAN #1

Parent/Guardian Name 1

Address City Zip

Phone #1

Phone #2

Relationship to Child

PARENT/GUARDIAN #2

Parent/Guardian Name 2

Address City Zip

Phone #1

Phone #2

Relationship to Child

PERSONS AUTHORIZED TO PICK UP

Your child will ONLY be released to listed person(s) below.
THIS WOULD INCLUDE ANY PARENT/GUARDIAN, NANNY, & SITTER.
Use back of form if additional names are needed. If edits are needed, the entire form will need to be filled out and submitted to the Preschool Director prior to pickups are made.

Name	Relationship to Child
Address City Zip Phone	
Name	Relationship to Child
Address City Zip Phone	
Name	Relationship to Child
Address City Zip Phone	
Name	Relationship to Child
Address City Zip Phone	

Is anyone prohibited by court order or other legal restrictions from picking up your child? If yes, please provide their name and the details of the order.

EMERGENCY CONTACTS

THIS WOULD INCLUDE ANY PARENT/GUARDIAN, NANNY, & SITTER.

Use back of form if additional names are needed. If edits are needed, the entire form will need to be filled out and submitted to the Preschool Director.
List each Parent/Guardian authorized and 2 local NON-PARENT/GUARDIAN contacts.

Name	Relationship to Child
Address Zip Phone	
Name	Relationship to Child
Address Zip Phone	
Name	Relationship to Child
Address Zip Phone	
Name	Relationship to Child
Address Zip Phone	

Child's Doctor's Name and Phone Number:

PARENT/GUARDIAN AGREEMENTS

Sign In & Out:
I understand that a child in Park Center Preschool may not arrive or leave the classroom unescorted, and may not sign themselves in or out. Anyone picking up a child will be asked for photo ID which will Late Pick Up:
I understand my child must be picked up daily by the assigned dismissal time or they will be charged in accordance with the late pick up policy.

Emergency Medical Attention:
If emergency medical attention is needed for my child, Park Center Preschool will attempt to contact me or the emergency contacts listed (if I cannot be reached). I authorize the Glenview Park District to call an ambulance to transport my child for medical treatment to the closest hospital and medical facility. My child's health information may be viewed by staff, on a need to know basis, and state licensors for compliance.

SIGNATURE:

Parent/Guardian Date

Form updated: 12/2024