



**2017-2018
REGISTRATION FORM**



Child's Name: _____ Age: _____

Address: _____ Zip Code: _____

Phone #: _____ Date of Birth: _____ Male: _____ Female: _____

Primary Email Address: _____

Father's Name: _____ Mother's Name: _____

Father Work #: _____ Mother Work #: _____

Cell Phone #: _____ Cell Phone #: _____

The Huntley Park District welcomes individuals with disabilities into the program. Please describe any accommodation needed for successful inclusion into the program.

Medical Allergies, Illness, or Other: _____

Primary Language at Home: _____

EMERGENCY INFORMATION:

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

PICKUP AUTHORIZATION:

The following individuals are authorized to pick up my child:

Name: _____ Name: _____

CLASS CHOICE:

AGE GROUP: _____

2 DAY: T TH _____ **3 DAY:** M W F _____

4 DAY: M T W F _____ **4 DAY:** M T W TH _____

(DATE)

(PARENT SIGNATURE)

| For Office Use Only | |
|--------------------------------------|--------------------|
| Resident _____ | Non Resident _____ |
| Birth Certificate Received: | Y N |
| Doctor's Medical Record Received: | Y N |
| Medical Authorization Form Received: | Y N |
| Registration Fee: \$ | _____ |
| Monthly Fee: \$ | _____ |