



2018-2019 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: #7180 ____ **AGE GROUP:** ____

(CIRCLE ONE:)

2 DAYS PER WEEK 3 DAYS PER WEEK 4 DAYS PER WEEK

(DATE)

(PARENT SIGNATURE)

For Office Use Only

Resident _____ **Non Resident** _____

Birth Certificate Received: **Y** **N**

Registration Fee: \$ _____

Monthly Fee: \$ _____