



2019-2020 PRESCHOOL INFORMATION 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 (list all that apply):

Name: _____

Choose your class:

- 3 Year-old Preschool
- 4 Year-old Preschool
- Mixed-Age Preschool
- Dual Language Preschool
- Night Owl Preschool

Class ID# _____

For Office Use Only

Resident _____ Non-Resident _____

Birth Certificate Received: Y N

Registration Fee: \$ _____

Monthly Fee: \$ _____

PARENT SIGNATURE

DATE

**Form Due to Huntley Park District Rec Center or
Preschool Director by June 1, 2019**