

Today's Date: _____

BYRON PARK DISTRICT

Tiger Den (AM & PM) and Fun Zone

Enrollment Form

A. PARTICIPANT INFORMATION

Participant's Name _____ Sex _____ Age _____
Date of Birth _____ Grade _____ Home Rm Teacher _____

B. PARENT/GUARDIAN INFORMATION (Where child primarily resides)

Name _____ Relationship to Child _____
Name _____ Relationship to Child _____
Address _____
City & Zip _____ Home Phone _____
Mother Work Phone _____ Cell Phone _____
Father Work Phone _____ Cell Phone _____

If the Byron Park District needs to contact a parent, whom shall we contact first? _____

C. CUSTODY ARRANGEMENTS (if applicable)

Please describe custody arrangements: _____
Parent Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
May we release your child to this parent? _____ YES _____ NO _____ Contact me First

D. USAGE: Please circle the days & times that your child will normally be attending our program

Monday		Tuesday		Wednesday		Thursday		Friday		Only as Needed	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Normal AM Drop-off time: _____ Normal PM Pick-up time: _____

Notes regarding attendance/absences (i.e. only need for two months, etc.): _____

E. CHILD’S MEDICAL INFORMATION

Please list any allergies (food, medication, bees, etc.), illnesses/disorders/conditions (ADHD/Asthma)

Does your child take medication for the above? No___ Yes___ Medication: _____

Will the medication need to be given during program hours? No___ Yes ___

If yes, please describe: _____

Doctor’s Name: _____ Phone: _____

Hospital or Clinic Preference: _____

F. EMERGENCY MEDICAL CONSENT

In the event that my child _____ may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent for medical and/or surgical treatment to the doctor, hospital, or his/her designee listed above to provide this care. I agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Signature Date: _____

Please note that this consent will be in effect beginning on the date above and continuing while the child is enrolled in our Program.

G. EMERGENCY PERSONS

Please list local persons who may be notified in case of emergency or illness if parents/guardians can not be reached.

Name: _____ Relation: _____

Work Phone: _____ Home Phone: _____

Name: _____ Relation: _____

Work Phone: _____ Home Phone: _____

H. RELEASE OF CHILD: Please list all persons who are allowed to pick-up your child from our programs. We automatically include parents/guardians and emergency contacts unless noted.

Name(s): _____ Relation: _____

Name(s): _____ Relation: _____

Name(s): _____ Relation: _____

Name(s): _____ Relation: _____

I. SWIMMING ABILITY (Fun Zone & 1/2 Day Services Only)

During our Fun Zone program, the participants swim at the HS pool with a certified lifeguard on duty. Is there any limitations regarding swimming that we should be aware of? (Ear plugs, afraid of deep, lifejacket, etc.) If yes describe: _____

J. CHILD INFORMATION

Please list other children & their ages who live in the home: _____

How does your child get along with other children? _____

What methods of discipline do you use? _____

Please give any further information that you believe will be helpful to staff in understanding and caring for your child. _____

K. TRAVEL AUTHORIZATION (Fun Zone & Summer Camp)

Do you give permission for your child(ren) to leave the school grounds for walks to the park, library, restaurants, etc. and to participate in field trips using school bus transportation during our Summer Camp and Fun Zone programs? No _____ Yes _____

- Please note that you will be notified prior to each activity.

L. PHOTO AUTHORIZATION

Do you give permission for your child(ren)'s photo to be included in Park District displays, flyers, brochures, and website? No to All _____ Yes to All _____ Only: _____

M. LIABILITY WAIVER RELEASE

In consideration of my child/ward being allowed to enroll in Tiger Den, Fun Zone or Summer Camp recreational programs, I hereby personally assume all risks in connection with this activity and I release the instructors, supervisors, owners and the Byron Park District for any injury or damage and further I save and hold harmless the instructors, supervisors, owners and the Byron Park District from any claim by me, my family, estate, heirs, or assigns, arising out of my child's enrollment and participation.

I have read and fully understand the above program details and waiver release of all claims.

Signature: _____

Date _____