

STICKNEY TOWNSHIP YOUTH COMMISSION

PRE K

Circle class time

9-11 or 11:30 - 1:30

CHILDS NAME \_\_\_\_\_ BOY \_\_\_ GIRL \_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CHILD SPEAKS ENGLISH YES OR NO OTHER \_\_\_\_\_

ANY MEDICATION, ALLERGIES, OR HISTORY OF MEDICAL PROBLEMS \_\_\_ YES \_\_\_ NO

IF ANY PLEASE DESCRIBE \_\_\_\_\_

PARENT MARITAL STATUS SINGLE \_\_\_ MARRIED \_\_\_ WIDOWED \_\_\_ DIVORCED \_\_\_

MOTHERS NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN BY MOTHER \_\_\_\_\_ OTHER \_\_\_\_\_

FATHERS NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN BY FATHER \_\_\_\_\_ OTHER \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

LEGAL GUARDIAN \_\_\_ CUSTODY \_\_\_ GUARDIAN NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK \_\_\_\_\_

**WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT**

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program that you or the participant might sustain. The terms "I", "me", and "My" also refer to the parents or guardians as well as the participant in the program. In registering for the program, you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries including death, damages or loss, which I may sustain as a result of participating in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury. I further recognize and acknowledge that field trips involve transportation which may result in and involve substantial risks of injury

I agree to waive and relinquish any and all claims I may have as a result of participating in the program against the Town of Stickney, its agencies and commissions, any other participating or cooperating governmental units, any independent contractors, officer, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The Parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement).

I do hereby fully release and discharge the Town of Stickney and the other released parties from any and all claims for injuries, including death, damage and losses which I may have or which may occur to me on account of my participation in the program. I further agree to indemnify, hold harmless and defend the Town of Stickney, and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of the program. I further understand and agree that the terms such as "participation", "program", and "activities": referred to in this Agreement, include all exercises, transportation, and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions of supervision, the use and adjustment of any and all machinery, vehicles, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in the program.

I understand the nature of the program for which I am registering and have read the fully understand the Agreement, as consideration of being allowed to participate in the program. I have signed this Agreement. I further understand that any advisement or warnings to the particular risks of this program that I have received or subsequently received or subsequently receive will be incorporated by reference into and become a part of this Agreement. By signing this agreement I allow photos of my child/children to be released for publication and or advertisements.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
Date

## Permission to Pick Up

I, \_\_\_\_\_  
(parent or legal guardian name)

give my permission for **Stickney Township** to release my child,

\_\_\_\_\_ into the custody of the following person(s):  
Childs name

Any person listed below, the emergency contact and both parents will need to show a drivers license or state id prior to release. We will keep a copy on file for our records.

Name	Address	Phone#	Relationship to child

**I understand that it is my responsibility to update this form.**

\_\_\_\_\_  
(Parent or Guardian Signature, and Date)

**STICKNEY TOWNSHIP YOUTH COMMISSION**

**PRE K PAYMENT POLICY**

**IMPORTANT CHANGES**

Full payment is due at the time of registration.

Parents who present with a valid HFS issued medical card indicating medical coverage for the parent (not the child) will pay one half the cost of the session.

**NO REFUNDS WILL BE ISSUED ONCE PROGRAM BEGINS (REGARDLESS OF WHETHER OR NOT YOUR CHILD HAS PHYSICALLY ATTENDED THE PROGRAM).**

**REQUIRED DOCUMENTATION**

\_\_\_\_\_ 3 proofs of residency in Stickney Township, including photo ID of parent registering

\_\_\_\_\_ Stickney Township ID

\_\_\_\_\_ Child's birth certificate

\_\_\_\_\_ Copy of child's immunization record containing up-to-date immunizations

\_\_\_\_\_ HFS issued medical card (if applicable)

\_\_\_\_\_ Payment Received

\*\*\*\*\*

I am aware that no refunds will be issued once the program begins regardless of whether or not my child has physically attended the program.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

STICKNEY TOWNSHIP YOUTH COMMISSION

**DROP OFF/PICK-UP POLICY  
(PRE K3/PRE K4)**

The designated drop off times for the Pre K3 and Pre K4 programs are 9:00 am (for the AM session) and 11:30 am (for the PM session). Parents are expected to be prompt when dropping off a child for the program and should plan to arrive a few minutes before 9:00 am (for the AM session) and a few minutes before 11:30 am (for the PM session).

The designated pick-up times for the Pre K3 and Pre K4 programs are 11:00 am (for the AM session) and 1:30 pm (for the PM session). Any parent who picks up their child after 11:00 am (for the AM session) and after 1:30 pm (for the PM session) will be charged \$5.00 for the first offense. A second offense will incur a charge of \$10.00. A third offense may result in the termination of your child from the program. (Individual situations will be considered). All occurrences will be documented. The determination for a late pick-up charge and termination from the program will be made by the Director or Program Coordinator.

*Please be advised that your child will not be able to return to the program until the late pick-up fee is paid in full.*

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I have read and understand the protocol for the drop off and pick up of my child. I am aware that my child must be picked up promptly at program's end. I am aware that I will be charged a fee of \$5.00 for the first late pick-up and \$10.00 for a second late pick-up. I am also aware that a third late pick-up may result in my child's termination from the program. I am further aware that my child cannot return to the program until the late pick-up fee is paid in full.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Date

STICKNEY TOWNSHIP YOUTH COMMISSION

**PARKING AND DROP-OFF/PICK-UP OF CHILDREN**

Parking for Youth Commission program participants is on the following streets only: Leclaire, Leamington and 78<sup>th</sup> Street. The parking lot at the LSV Senior Center is for senior citizens and employees of the senior center. If, however, you (or the person transporting your child to and from this facility for Youth Commission sponsored programs) have a valid handicap parking placard or handicap license plates, you are welcome to park in the handicap parking spaces in the LSV Senior Center parking lot.

In the service of safety, when dropping your child off, you must be with your child at the door when the door is opened for class. When picking your child up you must be at the door at the time class is dismissed.

**IF YOU ALLOW YOUR CHILD TO PLAY AT THE PARK PRIOR TO THE START OF CLASS, PLEASE BE MINDFUL OF THE TIME YOU'LL NEED TO VACATE THE PARK IN ORDER TO HAVE YOUR CHILD AT THE DOOR IN TIME FOR THE START OF CLASS. CHILDREN WHO ENTER THE CLASSROOM AFTER THE DOORS ARE CLOSED ARE CONSIDERED LATE. CHILDREN WHOSE PARENTS ARE NOT AT THE DOOR WHEN IT IS OPENED AT THE END OF CLASS WILL BE CONSIDERED LATE PICK-UPS AND A FEE WILL BE CHARGED.**

**PLEASE NOTE THAT STAFF IS NOT RESPONSIBLE FOR GATHERING CHILDREN FROM THE PARK AT THE START OF CLASS AND CHILDREN WILL NOT BE RELEASED TO PARENTS WHO ARE SITTING IN THE PARK INSTEAD OF WAITING AT THE DOOR.**

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT CHILD'S FULL NAME

# STICKNEY TOWNSHIP YOUTH COMMISSION

## HEAD CHECK POLICY

In the event of suspected or confirmed cases of head lice, Youth Commission staff may need to conduct occasional head checks on your child. Head checks will be performed when indicated for the safety and protection of all children and staff involved in Youth Commission programs. Parent(s) or legal guardian must sign the *Authorization for Head Check* in order for your child to enroll in a Youth Commission sponsored program. **Failure to sign the *Authorization for Head Check* will prevent the enrollment of your child in Youth Commission programs.**

### AUTHORIZATION FOR HEAD CHECK

I give permission for Youth Commission staff to conduct a head check on my child,

\_\_\_\_\_ when indicated. I understand that this  
Child's Name

authorization is valid for the duration of the current program my child is enrolled in.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

# STICKNEY TOWNSHIP YOUTH COMMISSION

## **SAFETY and WEARING OF SANDALS/FLIP FLOPS/OPEN TOED SHOES**

Please do not send your child to the Pre K3/Pre K4 programs in any kind of sandals/flip flops or open toed shoes due to the potential for injury to your child during play activities. Please be advised that if your child presents for class with the above mentioned type of footwear, your child will not be admitted to the classroom and will need to leave with you or whoever brings your child in. Your child will need to wear gym shoes with socks in order to safely participate in both indoor and outdoor activities.

Please sign the bottom portion of this form.

Thank you for your cooperation with helping us to keep your child safe.

I have read the Youth Commission's policy on safety and appropriate footwear to be worn to Pre K 3/Pre K4 programs and understand that if my child

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CHILDS NAME

is brought to class wearing sandals/flip flops/open toed shoes, or any other kind of open shoe, he/she will not be admitted to the classroom and will need to leave with whoever brought him/her to the program. I am also aware that gym shoes (worn with socks) are highly recommended as the shoe of choice for my child's program activities and for injury prevention.

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PARENT/GUARDIAN SIGNATURE

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DATE

## **ATTENDANCE POLICY**

Attendance is taken daily. The Youth Commission office must be notified if your child will not be attending class. Any child who is absent for a minimum of one consecutive week without notification to the Youth Commission office can be terminated from the preschool program. No refunds will be granted for termination due to continued absence without notification. To ensure your child's continuation in the preschool program, any absence must be reported to the school the day of the absence (708.636.8850 Ext. 128).

I have read and understand the Attendance Policy. I am aware that my child can be terminated from the preschool program for failure to notify the Youth Commission office of my child's absence lasting a minimum of one consecutive week. I am aware that no refund will be granted for termination due to continued absence without notification.

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Child's Full Name

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Signature of Parent/Legal Guardian

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Date

STICKNEY TOWNSHIP YOUTH COMMISSION

**LATE PICK-UP**

Childs Name \_\_\_\_\_ Program \_\_\_\_\_

1. \_\_\_\_\_  
Signature Date Fee \$5.00 Cash/check #

2. \_\_\_\_\_  
Signature Date Fee \$10.00 Cash/check #

3. \_\_\_\_\_  
Signature Date Fee \$10.00 Cash/check #

**Parent will contact Program Director for approval prior to returning to program after third occurrence.**

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Print)

**Tuberculosis (TB) Risk Assessment**

Persons with any of the following are potential candidates for Mantoux tuberculin skin test screening, unless a previous positive test has been *documented*.

1. Do you have any of these symptoms?  
 Coughing up blood? Unexplained weight loss?  
 Cough lasting longer than 3 weeks? Fever lasting longer than 3 weeks?  
 Night sweats? \_\_\_\_\_ yes \_\_\_\_\_ no
2. Have you ever been told you have TB? or a positive skin test? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes, have you been treated?  
 What was the length of your treatment? \_\_\_\_\_
3. Have you had contact with someone who had TB? \_\_\_\_\_ yes \_\_\_\_\_ no
4. Were you born or have you lived in a foreign country? \_\_\_\_\_ yes \_\_\_\_\_ no  
 What country? \_\_\_\_\_  
 (High risk: Asia, Africa, Central or South America, Eastern Europe)
5. Do you travel extensively to foreign countries? \_\_\_\_\_ yes \_\_\_\_\_ no  
 What country? \_\_\_\_\_
6. Have you been told you have any of the following conditions?  
 Diabetes or blood sugar problems Hemophilia  
 Kidney failure (or on dialysis) Silicosis  
 Leukemia, lymphoma or cancer Malabsorption syndrome  
 HIV Infection \_\_\_\_\_ yes \_\_\_\_\_ no
7. Have you been a resident /employee of a high risk setting within the last 12  
 Months? (long term care facility, homeless shelter, jail) \_\_\_\_\_ yes \_\_\_\_\_ no

\*BCG Vaccination is NOT a contraindication for TB skin testing. Disregard BCG history when interpreting Mantoux results.  
 \*\*Decision to skin test should be based on individual's risk factors and local epidemiology.

I have read all the information on this form and represent that such information is true and complete to the best of my knowledge and belief. I understand that such information may be used in order to make decisions as to the type of medical care to be provided, and that failure to disclose information or disclose correct information may have an adverse effect upon medical decisions.

Signature of Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

R.N. Reviewed \_\_\_\_\_

GENERAL CONSENT FORM

I hereby give consent for my child \_\_\_\_\_  
to participate in outdoor activities and photographs for publicity purposes as  
sponsored by the Stickney Township Youth Commission.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date