

Frankfort Park District - Wee Works Program
400 W. Nebraska Street Frankfort, IL 60423
(815) 464-5579

Application for Admission

Child's Name _____ Date of Birth _____

Address (street, town, zip) _____

Phone _____ Cell Phone or Pager _____

Marital Status of Parents _____

Father's / Guardian's Name _____

Address _____

Employer's Name & Address _____

Mother's / Guardian's Name _____

Address _____

Employer's Name & Address _____

Child's Physician's Name _____

Address _____ Phone _____

* Emergency Contacts other than parent / guardian *

1) Name _____ Phone _____

Address _____

2) Name _____ Phone _____

Address _____

Authorized person to pick child up

1) Name _____ License Plate # _____

Color / Make of vehicle _____

2) Name _____ License Plate # _____

Color / Make of vehicle _____

Parent / Guardian Signature _____ Date _____

Personal Information

Child's Name _____

Child's age & birthday _____

Child's sibling's name & age:

Parent's Martial Status _____

Is your child now or previously enrolled in any other school or play groups?

Developmental History of Child

Age at which child: _____ Crept _____ Sat Alone _____ Walked

Name simple objects _____ Repeated short sentences _____

Began to toilet train _____ Word for urination _____

Word for bowel movement _____

Does your child dress him or herself? _____ Undress? _____

Is your child right or left handed? _____

What time does your child go to bed? _____ What time does your child get up? _____

What are your child's favorite indoor activities? _____

Does your child have any special fears that you are aware of? _____

Does your child have any speech problems? _____

Does your child have any other problems we should be aware of? _____

What method of behavior control is used in your home? _____

What is your child's usual reaction to this discipline? _____

How would you describe your child's personality? _____

Health History of Child

What past illness has your child had and at what age?

Chicken Pox _____ Scarlet Fever _____ Diabetes _____

Mumps _____ Measles _____ Hepatitis _____

Other _____

Does your child have frequent colds? _____

Explain _____

Tonsillitis _____ Ear Aches _____ Stomach Aches _____

Does your child vomit easily? _____

Does your child run high fevers? _____

Has your child had any serious accidents? _____

Explain _____

Does your child have any allergies? _____

If so how does it manifest itself? _____

Asthma _____ Hay Fever _____ Hives _____

Other _____

Do you know what it is caused by? _____

Has your child ever been to a dentist? _____

Has your child ever had a vision test? _____

Has your child ever had a hearing test? _____

Does your child wear corrective shoes? _____

Is there any other learning or social disabilities we should be aware of? _____

Child's Name: _____

Consent / Release Form

List any medical information that would be necessary for us to know to ensure proper medical treatment.

Allergies: _____

Medical Condition: _____

Other: _____

I hereby grant authority to the Frankfort Park District and the teacher supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic / physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.

Signed _____ Date _____
Parent / Guardian

Child's Name _____

Consent / Release Form

Photographs

I / we authorize photographs to be taken of my child to be used for publicity purposes.

Date: _____

Signature of Parent / Guardian _____

Relationship of Child _____

Emergency First Aid

The only measures taken at the school are as follows:

Bump or Bruise _____ Splinter _____ Cut or Scratch _____ Nose Bleed _____

If further care is needed, we will notify a parent / guardian.

Date: _____

Signature of Parent / Guardian _____

Relationship of Child _____

Field Trips

I / we authorize the teachers of the Frankfort Park District to take my / our child(ren) on walking trips, field trips and to nearby park facilities. A five-day notice will always be given for field trips.

Date: _____

Signature of Parent / Guardian _____

Relationship of Child _____

Wee Works Supply List

1 Large package of napkins

1 box of Kleenex

1 box of 5 oz paper cups

3 rolls of paper towels

1 box of sandwich size zip-loc bags

2 glue sticks

1 box of crayola fat crayons

1 box of 10 crayola washable primary colors fat markers

2 containers of diaper wipes

1 box of watercolors

1 change of clothes (which your child will keep in his or her book bag)

A book bag marked with your child's name (Please use upper & lower case letters. Example: Mary)

It is not necessary to mark your child's name on all the school supplies

Child's Name: _____

I acknowledge receiving the Frankfort Park District Pre-School Handbook and agree to follow the policies.

Signature _____

Date _____

I give my consent to have my child's name, address and telephone number published in a directory for use of other parents for social reasons only. Parent's first names will be listed.

Signature _____

Date _____