



BARRINGTON PARK DISTRICT PRESCHOOL 2026/2027 SCHOOL YEAR

STUDENT CONTACT INFORMATION:

Classroom(s): Mini's (M/W) Intro to Preschool (F) 3's Blue 3's Green
Pre-K Yellow(M,W,F) Pre-K Red (M-Th) Friday Explorers Lunch Bunch Extended Day

Student's Name: _____ **Birth Date:** _____

Name I would like my child to use in the classroom (locker tag, etc.): _____

Street Address: _____ **City:** _____ **Zip:** _____

Email Address(es): _____

Please include all addresses that you would like to receive communication/receipts to throughout the school year

Parent/Guardian #1 Name: _____ **Relationship to Child:** _____

Cell Phone: _____ **Additional Phone (work/home, etc.):** _____

Preferred first contact method in the event of an emergency: ☐ Phone Call ☐ Text Message

Parent/Guardian #2 Name: _____ **Relationship to Child:** _____

Cell Phone: _____ **Additional Phone (work/home, etc.):** _____

Preferred first contact method in the event of an emergency: ☐ Phone Call ☐ Text Message

EMERGENCY CONTACT & WAIVER:

**If the parent(s)/guardian(s) listed above cannot be reached, in the event of an emergency, who should we contact?
Please list adults other than the parents/guardians. We will always contact the parents/guardians first.**

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

I authorize Barrington Park District staff to secure emergency medical care for my child when I/WE cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charge upon receipt.

Parent/Guardian Signature: _____ **Date:** ____/____/____

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PEOPLE APPROVED TO PICK YOUR CHILD UP FROM PRESCHOOL:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

(attach additional sheet if needed)

MEDICAL & ADDITIONAL INFORMATION:

Primary Physician's Name:		Primary Physician's Phone Number:
Is your child up-to-date on age appropriate vaccinations?	Yes No	
Does your child have any special needs (i.e.: IEP, 504, etc.)? If yes, please give additional information to help assist the teachers.	Yes No	<i>Additional Information:</i>
Does your child have any allergies?	Yes No	<i>If yes, please list all allergies and any other additional Information regarding the allergy:</i>
Is your child taking any medications*?	Yes No	<i>Additional Information:</i> <i>Will it need to be administered at school?</i>
Is there further information that you believe will be helpful to staff in understanding and caring for your child:	Yes No	<i>Additional Information:</i>

***Note:** If Preschool staff will be required to dispense patent or prescription medication to your child you must complete a "Medication Dispensing" form. If needed, please request this form from the Preschool Director.

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BARRINGTON PARK DISTRICT WAIVERS

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT: By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Barrington Park District activities. This includes the additional warning for aerobic activities. Aerobic exercise is an activity in which, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a substantial risk of injury. Dependent upon a person's physical condition, age and skill level, aerobics can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: heart attack, stroke and circulatory problems, bone and joint injuries, back injury, shin splints, muscle strain and other muscle injuries, foot problems, head and neck injuries. I understand that the Barrington Park District does not provide insurance or protection against injuries sustained by program participants. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the park district program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I give permission for my child/ward/self to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Barrington Park District or School District, its commissioners, employees, and volunteers for damages and/or injuries to the registrant, which may arise from participation in Barrington Park District programs.

BARRINGTON PARK DISTRICT PHOTO RELEASE: I understand that my child/ward or I may be photographed or videotaped while participating in a Barrington Park District program or special event. I give my permission for photos and videotapes of my child/ward or myself to be used to promote the Barrington Park District. Such photos and videotapes will remain the property of the Barrington Park District.

I HAVE READ AND FULLY UNDERSTAND THE WAIVER, warning of risk, assumption of risk and waiver and release of all claims. I understand my signature, or my guardian's signature if I'm under 18, is required to take part in Park District programs. If submitting this form electronically, my electronic signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature: _____

Date: ____/____/____

I understand that myself and my child(ren) are responsible for reading and adhering to all Barrington Park District policies and the code of conduct. Available online at <https://www.barringtonparkdistrict.org/about-us/policies/>.

Parent/Guardian Signature: _____

Date: ____/____/____

CLASSROOM DIRECTORY WAIVER

Please circle YES or NO below for your information to be included in the classroom directory or not. This information will only be shared with your child's individual classroom and not the entire preschool.

Student's Name: YES NO

Parent/Guardian Name(s): YES NO

Primary Cell Phone: YES NO

Email Addresses: YES NO

Parent/Guardian Signature: _____ **Date:** _____

~Please see the next page for Student Profile Information~

STUDENT PROFILE INFORMATION:

(Please attach an additional sheet if needed.)

FAMILY BACKGROUND (attach additional sheet if needed)

Family Status: Married / Separated / Divorced / Single / Widowed

Name and ages of brothers/sisters (if applicable): _____

Others living in the home (if applicable): _____

Name of Pets (if applicable): _____

Has your child ever attended preschool before? Yes _____ No _____ If yes, where? _____

Your child is: ____ right handed ____ left handed ____ unknown

Is English your child's primary language? ____ Yes ____ No (If no, please list primary language): _____

Please complete the questions below in detail in order to help the teachers get to know your child better.

List your child's favorite toys, activities, hobbies and special friends:

Does anything frighten your child? How do you handle the fear?

Any recent changes in child's life (move, surgery, death in family, new baby, divorce, separation):

To better facilitate your child's learning, please share with us any information or diagnosis that your child has received.

What would you like your child to get out of the preschool experience?
