



Park District of Franklin Park  
Tot School

**Child Information and Health History Record**

*Please Print - Fill out all sections completely*

Name \_\_\_\_\_  
School (Fall) \_\_\_\_\_ Grade (Fall) \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of 09/01/22 \_\_\_\_\_

**Mother's Information**

Name: \_\_\_\_\_

Address (if different from above)  
\_\_\_\_\_

Home Phone (if different from above)  
\_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Father's Information**

Name: \_\_\_\_\_

Address (if different from above)  
\_\_\_\_\_

Home Phone (if different from above)  
\_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Emergency contact person if parents are unreachable**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Illness and Injuries** (check any chronic or recurring illness and explain below)

_____ Asthma	_____ Hypertension	_____ Heart Defect/Disease
_____ Diabetes	_____ Ear Infection(s)	_____ Musculoskeletal Disorders
_____ Seizures	_____ Bleeding/Clotting	_____ Other _____

Date of last Health Exam \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

**Please explain any other chronic or recurring illness not listed above.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** (check any that apply and specify nature of allergic reaction on reverse side)

\_\_\_\_\_ Animal      \_\_\_\_\_ Insect Stings      \_\_\_\_\_ Pollen

\_\_\_\_\_ Food                      \_\_\_\_\_ Medications/Drugs                      \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Hay Fever                      \_\_\_\_\_ Plants

**Please list the specific nature of the allergic reaction(s).**

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**Other Health Conditions** (check all that apply and describe on reverse side)

\_\_\_\_\_ Hearing Impairment                      \_\_\_\_\_ Motion Sickness                      \_\_\_\_\_ Nosebleeds  
\_\_\_\_\_ Emotional Disturbances                      \_\_\_\_\_ Fainting                      \_\_\_\_\_ Wears Glasses/Contacts  
\_\_\_\_\_ Special Diet Regimen                      \_\_\_\_\_ Visual Impairment                      \_\_\_\_\_ Speech Impediment  
\_\_\_\_\_ Takes Medication (list medication and reason on reverse side)  
\_\_\_\_\_ Other \_\_\_\_\_

**A: List any other health conditions you feel the staff should be aware of:**

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**B: List any medication(s) the participant may take:**

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**Activities your child should be restricted from:**

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**I know of no reason(s) why my child should not participate in activities except as noted above.**

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

Park District of Franklin Park  
Health Questionnaire for Wellness Screen Related to COVID-19

The Park District of Franklin Park is committed to the safety of employees, patrons, and community, including during the COVID-19 pandemic. Employees and patrons will be required to self-assess using these questions each day prior to coming on-site. If the answer is “yes” to any question, please do not come on-site to prevent the spread of illness. Additionally patrons should notify the program supervisor of their absence and the reason for the absence.

- Do you have a fever of 100.4 degrees Fahrenheit or higher?
- Do you have a cough?
- Do you have a sore throat?
- Have you been experiencing difficulty breathing or a shortness of breath?
- Do you have muscle aches?
- Have you had a new or unusual headache (e.g., not typical to the individual)?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills or rigors (i.e., a sudden feeling of cold with shivering accompanied by a rise in temperature)?
- Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)?
- Have you tested positive for COVID-19 in the last 14 days?
- Is anyone in your household displaying any symptoms (as listed above) of COVID-19?
- To the best of your knowledge, in the last 14 days, have you come into close contact\* with anyone who has tested positive for or been diagnosed with COVID-19?

By coming to the program and/or signing this questionnaire, you acknowledge that you have in fact conducted this self-assessment and the information provided above is true and accurate to the best of your current knowledge and beliefs.

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Participant Name

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Signature (Parent/Guardian if under 18)

Date

\* Close contact includes household contacts, intimate contacts, or contacts within 6 feet for 15 minutes or longer (10 minutes or longer for ambulatory care services) unless wearing an N95 mask during the period of contact

**PARK DISTRICT OF FRANKLIN PARK  
EARLYCHILDHOOD PROGRAMS  
BEHAVIOR GUIDELINES**

From time to time, the Park District has had the challenge of dealing with youngsters registered for programs whose excitement level and enthusiasm were beyond the capabilities of our staff. For our programs the child will be given 3 warnings all school year. All will be documented and the parent(s) will be notified. In event of the 3<sup>rd</sup> warning the child will be removed from the program.

No refunds will be given for the session. The Park District has made every effort to hire capable staff for our programs, but there are occasions when, for the good of the entire program, the park district must insist the parents remove unmanageable children from the program. Your cooperation as a parent will be greatly appreciated; and your understanding will allow the Park District of Franklin Park to better serve all youth. In order to maintain a safe and enjoyable environment, a strict discipline policy has been adopted. The following policies are designed to preserve a healthy program experience for all concerned.

The following infractions will constitute utilization of the discipline system:

1. Harming one's self such as, but not limited to:
  - a. Leaving designed grounds without permission
  - b. Leaving designed group without permission
  - c. Physical damage to self
  - d. Showing disrespect to other participants and staff
2. Harming others such as, but not limited to:
  - a. Fighting
  - b. Throwing objects at or near others
  - c. Hitting or kicking others
  - d. Extreme verbal use
  - e. Profanity
  - f. Other aggressive behavior
  - g. Creating risk of contagion or illness by not wearing a mask or spitting at others
3. Damage to property:
  - a. Vandalism
  - b. Tantrums resulting in damage to property
  - c. Breaking, damaging or destroying property
  - d. Theft: Taking any item that does not belong to the child

**NOTE:** Parent/Guardian of program participants will be responsible for ANY damages caused by their child.
4. Others
  - a. Possession, use or transfer of alcohol, illegal drugs, tobacco or tobacco products (matches and lighters).
  - b. Any threat of bodily harm to others.
  - c. Fighting with anybody.
  - d. Bringing any weapons to camp.
  - e. Any proven or confessed theft.

Depending on the degree of the offense, a program participant may be permanently dismissed from the program following the 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> offense. **There will be NO REFUNDS for missed days due to disciplinary infractions.** Your signature indicates you have read the above material and understand it fully. Please return this with all other information for our files

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Parent or Guardian Signature

Date



## Parent / Guardian Consent Form

1. I give authorization to the following people, including myself, to pick up my child. Person must be 16 years and older; list all persons including spouse, if applicable. **Each person must show a photo ID when picking up child and/or requested by the instructor.**
2. In the event I cannot be reached in an emergency involving my child, I hereby give permission to the authorized personnel of the park district to provide emergency care through paramedics and, when necessary, a local hospital.
3. I give my permission for my child to be included in photos / video for publicity purposes.

Name	Relationship	Phone

Child's name \_\_\_\_\_

Are there any parental access restrictions?     Yes     No    *If yes, attach legal documents.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL OUT THIS CARD AND RETURN TO YOUR CHILD’S TEACHER BY NEXT CLASS.**

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Parent’s Work: \_\_\_\_\_

Pager/Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

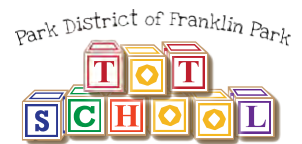
Emergency Phone: \_\_\_\_\_

Doctor’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or special medical conditions? LIST \_\_\_\_\_

Any medications to be brought and taken? LIST \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PLEASE FILL OUT THIS CARD AND RETURN TO YOUR CHILD’S TEACHER BY NEXT CLASS.**

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Parent’s Work: \_\_\_\_\_

Pager/Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

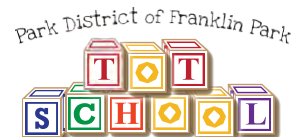
Emergency Phone: \_\_\_\_\_

Doctor’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or special medical conditions? LIST \_\_\_\_\_

Any medications to be brought and dispensed? LIST \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**PARK DISTRICT OF FRANKLIN PARK  
TOT SCHOOL  
STUDENT INFORMATION**

*Please Print*

Child's Name \_\_\_\_\_ / \_\_\_\_\_  
(First) (Last) (Name to be used)

Child's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Business: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Business: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Name and ages of other children in family: \_\_\_\_\_

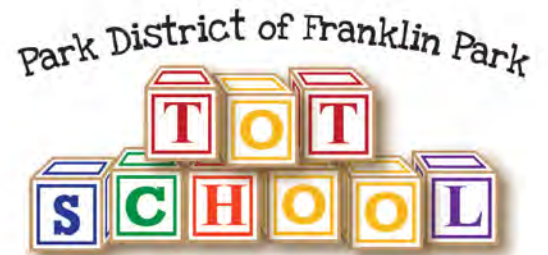
\_\_\_\_\_

Does anyone else live in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Is a language other than English spoken in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Which Language? \_\_\_\_\_



## Parent Handbook

The Park District of Franklin Park Tot School Program has provided Parent Handbooks for all families. Contained within it are explanations and guidelines which will make the program a positive place in to play and learn. It is important that both parents and guardians review the handbook.

**Please sign and return the bottom portion to your child's teacher. Thank you.**

\_\_\_\_\_ Yes, I have reviewed a copy of the Parent Handbook at <https://www.fpparks.org/tot-school/> and I understand the guideline and policies.

\_\_\_\_\_ No, I have not reviewed a copy of the Parent Handbook.

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Parent/Guardian Signature

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Date





**Parents:**

Students should bring backpacks this year. **We ask that students bring a plastic folder with their name on it.** This folder can be easily disinfected and will be used for taking home projects and work.

**Additional Items to Bring:**

- Zip lock baggie with an extra mask
- Gallon zip lock bag with change of clothes in case of accident

**Snack & Water:**

- Snack from home, preferably in disposable bags
- If a reusable lunch box/bag is used it will be kept in cubbie.
- Reusable water bottle, we have water bottle fillers.

***Thank you for your support!***

# Help Us Get to Know Your Child!

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Tell us a little about his/her personality.

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What subject does your child struggle in the most, and what helps them focus?

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If he/she has a hard time listening or not wanting to interact, what could help?

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Family/Pets/Special People or current obsession in his/her life!

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Feel Free to use the back side to give us any other information you think we should know. Thank you for your help!