



**Learning Ladders Preschool  
Emergency & Permission Form**

---

Name of Participant \_\_\_\_\_ Today's Date \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_

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

Father's Business Address \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone/Pager # \_\_\_\_\_

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

Mother's Business Address \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone/Pager # \_\_\_\_\_

Please list the names and relationships of other household members. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Does your child take any medication(s) on a regular basis?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any specific allergies to certain foods or drinks?

\_\_\_\_\_

\_\_\_\_\_

Is your child \_\_\_\_\_ Right handed? \_\_\_\_\_ Left handed? \_\_\_\_\_ Don't know?

Has your child participated in a preschool program before? \_\_\_Yes \_\_\_No

Please list any additional comments and information about your child that would be helpful for us to know about (fears, special instructions, problems, behaviors, etc.). Please feel free to attach additional sheets to this form as you feel necessary for our records.

---

---

---

---

---

**PARENT PERMISSION TO PROVIDE A PHYSICIAN AND HOSPITAL TREATMENT**

I hereby give my permission to the Park District of La Grange to call my physician or have my child taken to a hospital in the event of a serious accident or illness if I cannot be contacted. I will assume financial responsibility for all costs incurred throughout this procedure.

Date\_\_\_\_\_ Signature\_\_\_\_\_

My child's physician is\_\_\_\_\_

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

---

**PUBLICITY PERMISSION**

I hereby give my permission to the Park District of La Grange to use the likeness of my child in TV., film, and printed media for the purpose of advertising or communicating the purpose of activities for this program.

Date\_\_\_\_\_ Signature\_\_\_\_\_

---

**HANDBOOK AGREEMENT**

Upon registration, I will receive a parent handbook. I agree to abide by the policies and procedures outlined. As the parent / guardian, I will assume responsibility for my child(ren).

Date\_\_\_\_\_ Signature\_\_\_\_\_