



# Oak Brook School

family owned since 2001

## Child Enrollment Application & Emergency Information

### Student Information:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's address \_\_\_\_\_  
Street City State Zip

Days & hours child will be in care \_\_\_\_\_ Start date \_\_\_\_\_

With whom does the child live \_\_\_\_\_

### Parents/Guardians:

Parent 1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Last First

Email \_\_\_\_\_

Parent 2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Last First

Email \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Parent 1's place of employment \_\_\_\_\_ DL# \_\_\_\_\_

Cell # \_\_\_\_\_ Cell Provider \_\_\_\_\_ Other [ ] \_\_\_\_\_

Parent 2's place of employment \_\_\_\_\_ DL# \_\_\_\_\_

Cell # \_\_\_\_\_ Cell Provider \_\_\_\_\_ Other [ ] \_\_\_\_\_

### Persons to call in case of an emergency if parents/guardian cannot be reached:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell # \_\_\_\_\_ Address \_\_\_\_\_

Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

### Medical History:

Please list any special needs or problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long term continuous use, and any other information which staff should be aware of:

**Food Allergies:** (Requires a Food Allergy Emergency Plan)

**Dietary Restrictions:** (e.g. vegetarian)



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## Summer Sunscreen and Insect Repellant: (All Children)

I acknowledge that during the summer program, Oak Brook School will provide sunscreen. It will be applied each time the children go outside and for water time. We will use clear continuous spray SPF 50 sunscreen. Insect repellant will be applied per parent request; parent must bring insect repellant.

\_\_\_\_\_ Parent Initials

## Water Activities Permission: (All Children)

I do hereby give permission for my child to participate in the splash pad water activities at Oak Brook School.

\_\_\_\_\_ Parent Initials

## Field Trip Permission: (5 years of age and above)

I do hereby give permission for my child to attend all field trips planned. I realize that the Oak Brook staff will do everything in their power to protect my child during these field trips. However, I will not hold them responsible for accidents. I also understand that my child will be transported on the Oak Brook School bus.

\_\_\_\_\_ Parent Initials

## General Transportation: (Fort Tech)

I do hereby give permission for my child to be transported from \_\_\_\_\_ Elementary School. I realize that the Oak Brook staff will do everything in their power to protect my child during these field trips. However, I will not hold them responsible for accidents.

\_\_\_\_\_ Parent Initials

## Authorization for emergency medical attention: (All Children)

I give my consent for necessary emergency treatment when my child is in the care of their physician and/or hospital/clinic

\_\_\_\_\_ Parent Initials

I authorize Oak Brook School to make the decision to transport my child by way of an emergency ambulatory service. I agree that this service will be at my expense. I agree to not hold Oak Brook School responsible for the actions of said emergency personnel.

\_\_\_\_\_ Parent Initials

## Release of Children: (All Children)

Oak Brook School will not release a child to any person other than a parent unless previously notified by the parent. I understand that I must notify the school in advance if anyone other than the child's parent is to pick up.

\_\_\_\_\_ Parent Initials

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date