

Deerfield Park District Preschool
ENROLLMENT FORMS CHECKLIST 2014-2015

Child's Last Name _____ First Name _____

Circle: **LITTLE LEARNERS** (3 years by April 1) **3 YEAR OLDS** (3 years old by Sept 1) **PRE-K 4's** (4 years old by Sept 1)

Return this checklist along with your completed forms to:
Deerfield Park District Preschool Office, 836 Jewett Park Drive, Deerfield, IL 60015

ENROLLMENT FORMS SHOULD BE RETURNED TO THE PRESCHOOL OFFICE BY JULY 15th.

(v) Please check below the completed forms you are returning to the Preschool Office

All Students

___ **EMERGENCY CONTACT INFORMATION** - Must include a minimum of **TWO** emergency names (not parents or caregivers). Your child should know the people listed and be willing to go home with them.

___ **PERSONAL HISTORY**

___ **PARENT HANDBOOK BACK PAGE** - Return back page with signature

___ **CERTIFICATE OF CHILD HEALTH EXAMINATION (MEDICAL FORM)*** - Must be signed by a parent **AND** your physician, complete both sides. **PLEASE DO NOT FAX THE MEDICAL FORM**

New Students Only

___ **DCFS LICENSING STANDARDS BOOKLET** - Return back page with signature

___ **CERTIFIED BIRTH CERTIFICATE** - Must be original with seal

Optional Forms

___ **ROOM PARENT VOLUNTEER**

___ **MEDICATION DISTRIBUTION FORMS***

* **Medication Distribution forms** must be completed for those children requiring medication during the school day, i.e.; Epi-pen, Benadryl, inhaler, etc . These forms are not enclosed, but if needed, may be downloaded from the Preschool page of the Deerfield Park District website. www.deerfieldparks.org

Please register separately for enrichment programs (Lunch Bunch or Preschool Enrichment) or other early child classes at the park district registration office.