

**CHILD DATA FORM  
VERNON HILLS PARK DISTRICT  
LITTLE LEARNERS PRESCHOOL 2020-21**

Child Data Form must be submitted one week prior to the start of preschool. Email completed form to [julief@vhparkdistrict.org](mailto:julief@vhparkdistrict.org). Please note: your child will NOT be able to start preschool without a Child Data Form.

**PROGRAM INFORMATION**

Program:

- 2yr Tu/Th (810201-1)
- 3yr Tu/Th (810302-1)
- 4yr Tu/W/Th (810402-1)
- 2yr W/F (810201-2)
- 3yr M/W/F (810303-1)
- 4yr M/W/F (810403-1)
- Preschool Enrichment (810001-1)

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_  
(First) (Last) (Name To Be Used)

Prior Class Experience: \_\_\_\_\_

Birthdate: \_\_\_ / \_\_\_ / \_\_\_     Right-Handed     Left-Handed     Unsure    Gender: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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

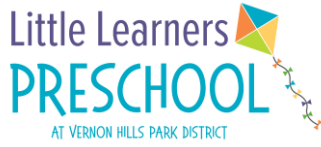
Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**EMERGENCY CONTACTS / INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD (OTHER THAN PARENTS/GUARDIANS LISTED ABOVE)**

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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**CHILD INFORMATION**

Child's Name: \_\_\_\_\_  
(First) (Last)

**TELL US ABOUT YOUR CHILD (TEMPERAMENT, LIKES/DISLIKES & ANY INFORMATION PERTINENT TO CHILD'S PARTICIPATION)**

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

**FAMILY INFORMATION**

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

List any important family information you wish to share: \_\_\_\_\_

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

Check this box if there is a language other than English spoken at home. Language(s): \_\_\_\_\_

**MEDICAL / SPECIAL NEEDS**

Check this box if your child has any special needs (physical, behavioral, cognitive, processing, social/emotional or communication.) If yes, please describe below.

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

Check this box if your child has any medical conditions, health concerns or allergies. List and describe:

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

Check this box if your child takes any medication. List:

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

Check this box if your child requires medication dispensed/administered during preschool hours. *Note: Parent/Guardian must complete the Medication Dispensing Information Form and Permission to Dispense Medication Waiver.*

**FIRST AID & EMERGENCY MEDICAL CARE CONSENT**

I authorize permission for my child to receive necessary health care and emergency medical treatment. I will not allow my child to attend preschool if they become exposed to any contagious disease, or if for any reason, I do not consider my child to be in good physical condition.

**FAMILY HANDBOOK**

The Little Learners Preschool Family Handbook is available online at [vhparkdistrict.org](http://vhparkdistrict.org). I acknowledge that it is my responsibility to read the handbook and abide by the policies and procedures of the program.

**SIGNATURE/ CONSENT**

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