

BAKER STATION FORMS

These forms, registration & payment must be completed and returned by Friday, August 12, 2016.

OPTION #1

Print the PDF file, write your information on the document and return the forms by mail or drop-off to:

**Ursula Bulgarelli
Baker Station Coordinator
St. Charles Park District
8 North Avenue
St. Charles, IL 60174**

OPTION #2

Open the PDF file, type your information on the document, save it as “BakerStation16/17” on your computer and email the forms to:

**Ursula Bulgarelli
ubulgarelli@stcparks.org**

Note: You will need to authenticate your signature.



BAKER STATION AFTER SCHOOL PROGRAM

My child _____ will attend Baker Station.
Print Child's Name

Please mark an "X" on the days below that your child is registered:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please mark an "X" on the school below where your child is registered:

- _____ Anderson/Little Woods Elementary School
- _____ Bell-Graham Elementary School
- _____ Davis Elementary
- _____ Ferson Creek Elementary School
- _____ Fox Ridge Elementary School
- _____ Lincoln Elementary School
- _____ Meads Johnstone
- _____ Munhall Elementary School
- _____ Richmond Elementary School
- _____ Wasco Elementary School
- _____ Wild Rose Elementary School

<p>Child's Start Date: ____/____/____</p> <p><i>Office Use Only</i></p> <p>Date Recv'd: ____/____/____</p> <p><input type="checkbox"/> Copy to Site</p> <p><input type="checkbox"/> Copy to E.Binder</p> <p><input type="checkbox"/> File Original</p>
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RETURN these forms by Friday, August 12, 2016.

YOUR CHILD CANNOT PARTICIPATE IN THE BAKER STATION PROGRAM WITHOUT COMPLETED PAPERWORK, REGISTRATION AND PAYMENT.

St. Charles Park District Baker Station
Emergency Information Quick Reference Card

Please print and fill out completely.

____ MALE ____ FEMALE **Grade:** ____ K ____ 1st ____ 2nd ____ 3rd ____ 4th ____ 5th

BAKER STATION SITE: _____

Student's Name _____ Birth Date ____/____/____


Student's Address _____ City _____
Number/Street

Student's Home Phone Number (_____) _____


In an emergency, please indicate calling order - 1st, 2nd, etc.:

____ Home ____ Mother Cell ____ Father Cell ____ Mother Work ____ Father Work ____ Emergency Contact

Family Physician/Pediatrician
(_____) _____
Telephone _____



Family Dentist/Emergency Dentist
(_____) _____



Name (Mother) _____
Home/Day Phone: (_____) _____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Other: (_____) _____

This adult is allowed to pick student up from Baker Station.

M

Allergies or Special Needs:
(check & write all that apply)

Has Epi-Pen/Antihistamine
 Has Insulin
 Has Bee Sting Kit
 Has Medication

Allergies: _____

Name (Father) _____
Home/Day Phone: (_____) _____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Other: (_____) _____

This adult is allowed to pick student up from Baker Station.

F

Name (Emerg. Contact) _____
Home/Day Phone: (_____) _____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Other: (_____) _____

This adult is allowed to pick student up from Baker Station.

E

I authorize the St. Charles Park District to seek medical care for my child in the event of an emergency.

Parent/Guardian Signature _____ Date _____

ST. CHARLES PARK DISTRICT BAKER STATION AFTER SCHOOL PROGRAM
Request for Personal Information

Child's Name _____

1. Does your child have any medical conditions that would prohibit them from participating in any activities?

2. Does your child have any significant behavior concerns/fears that we should be aware of? Please describe.

3. How do you (or, would you like for us to) handle these situations?

4. Are there any other situations that we should be aware of while caring for your child?

I attest that the above information is true to the best of my knowledge.

Parent/Guardian Signature _____ Date _____



St. Charles Park District Baker Station
Complete Child Information & Health History Record

Please print and complete all sections. Thank you.

Baker Station Site: _____

Student's Name _____

Student's Address _____

City _____ Home Phone _____

Birthdate _____ Age _____

School _____ Grade _____

Emergency Contact _____ Daytime Phone _____

Mother's Name _____ Daytime Phone _____

Cell Phone _____

Father's Name _____ Daytime Phone _____

Cell Phone _____

Physician _____ Daytime Phone _____

Participants Health History

Please mark an "X" below if your child has any of these chronic or recurring illnesses:

_____ Asthma _____ Bleeding/Clotting _____ Diabetes _____ Heart Defect/Disease _____ Seizures

Please mark an "X" below if your child has any of these allergies:

_____ Animals _____ Food _____ Insect Stings _____ Plants/Pollen _____ Medicine/Drugs

Specify nature of an allergic reaction _____

Please mark an "X" below if your child has any of these health or behavioral conditions:

_____ Hearing Impairment _____ Emotional Disturbances _____ Speech Impediment
_____ Glasses/Contacts _____ Nosebleeds _____ Fainting _____ Special Diet Regimen

Does your child have any heart, breathing or medical problems that Baker Station staff should be aware of?

_____ No _____ Yes If yes, please explain _____

Does your child take any medication that Baker Station staff should be aware of or need to administer?

_____ No _____ Yes If yes, please explain _____

If yes, please complete the "Request for the Administration of Medicine" form, too.

Emergency Care Release

I, _____ parent/guardian of _____ have enrolled my child in Baker Station and hereby authorize Dr. _____, my child's physician, or any physician in his/her group practice, to administer emergency medical assistance to my child during this Park District activity. In the event Dr. _____ or any physician in his/her group practice is not available, I hereby authorize the St. Charles Park District, its employees and agents to provide emergency medical assistance or to arrange for and consent to, on my behalf, immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child.

Parent/Guardian Signature

Date

St. Charles Park District Baker Station
Parental Pick-Up/Back-Up Driver Release Form

Please print and complete all sections. Thank you.

Listed below are the names of those individuals whom the St. Charles Park District Baker Station staff may release my child(ren) to if I am unable to pick him/her up from Baker Station. I understand I should notify the Park District any time I will be unable to pick up my child(ren) and a back-up driver will be used. I also understand that the Park District reserves the right not to release my child(ren) to anyone but me, if no notification is made.

CHILD(REN)'S NAME

BAKER STATION SITE(S)

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Parent/Guardian Signature

Date

Please list as many individuals as you feel might be necessary to assure your child(ren) is picked up from Baker Station no later than 6pm.

NAME _____

PHONE _____

RELATIONSHIP _____

DRIVERS LICENSE # _____

NAME _____

PHONE _____

RELATIONSHIP _____

DRIVERS LICENSE # _____

NAME _____

PHONE _____

RELATIONSHIP _____

DRIVERS LICENSE # _____

NAME _____

PHONE _____

RELATIONSHIP _____

DRIVERS LICENSE # _____

St. Charles Park District Baker Station

Confirmation Letter

Please print and complete all sections. Thank you.

I, _____, have read the Baker Station After School Program Handbook and Behavior Guidelines. I have discussed with my child(ren) his/her responsibilities in the program. I have read and understand the following:

- Daily late fee if my child(ren) are not picked up by 6pm
- Behavior guidelines, discipline policy, timeouts and first, second and third warnings
- Late payment fee for session payments
- Procedure for scheduled no school days and school cancellation due to inclement weather
- Procedure for drop-off and pick-up / sign-in and sign-out
- What to do if my child will be absent from Baker Station

Parent/Guardian Signature

Date

I/we have read and understand the Behavior Guidelines that were established by the St. Charles Board of Park Commissioners to ensure a safe and enjoyable environment for all participants. We agree to follow the behavior guidelines.

Baker Station Participant Signature

Date

Baker Station Participant Signature

Date

Baker Station Participant Signature

Date

Baker Station Participant Signature

Date

Baker Station Participant Signature

Date

Baker Station Participant Signature

Date