

# **BEFORE THE BELL FORMS**

**These forms, registration & payment must be completed and returned as soon as possible.**

## **OPTION #1**

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

**Cheryl Riley  
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 “BeforeBell16/17” on your computer and email the forms to:**

**Cheryl Riley  
criley@stcparks.org**

***Note: You will need to authenticate your signature.***



## BEFORE THE BELL BEFORE SCHOOL PROGRAM

My child \_\_\_\_\_ will attend Before The Bell.  
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

Child's Start Date:

\_\_\_/\_\_\_/\_\_\_

*Office Use Only*

Date Recv'd:

\_\_\_/\_\_\_/\_\_\_

Copy to E.Binder

File Original

**RETURN these forms as quickly as possible.**

**YOUR CHILD CANNOT PARTICIPATE IN THE BEFORE THE BELL PROGRAM WITHOUT COMPLETED PAPERWORK, REGISTRATION AND PAYMENT.**

St. Charles Park District Before the Bell  
**Emergency Information Quick Reference Card**

*Please print and fill out completely.*

\_\_\_\_ MALE \_\_\_\_ FEMALE      **Grade:** \_\_\_\_ K \_\_\_\_ 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ 4<sup>th</sup> \_\_\_\_ 5<sup>th</sup>

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 Before the Bell.

**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 Before the Bell.

**F**

**Name (Emerg. Contact)** \_\_\_\_\_  
Home/Day Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Other: (\_\_\_\_\_) \_\_\_\_\_

This adult is allowed to pick student up from Before the Bell.

**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 BEFORE THE BELL BEFORE 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 Before the Bell  
**Complete Child Information & Health History Record**

*Please print and complete all sections. Thank you.*

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 staff should be aware of?

\_\_\_\_\_ No    \_\_\_\_\_ Yes    If yes, please explain \_\_\_\_\_

Does your child take any medication that 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 Before the Bell 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 Before the Bell

**Confirmation Letter**

*Please print and complete all sections. Thank you.*

I, \_\_\_\_\_, have read the Before the Bell 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:

- 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 Before the Bell

\_\_\_\_\_  
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.

\_\_\_\_\_  
Before the Bell Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Before the Bell Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Before the Bell Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Before the Bell Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Before the Bell Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Before the Bell Participant Signature

\_\_\_\_\_  
Date