



Oak Lawn Park District  
**FLASH REGISTRATION FORM**  
**2023-2024 School Year**

Please complete one registration packet for each child you wish to register.

|                               |
|-------------------------------|
| HOUSEHOLD #: _____            |
| DATE: _____                   |
| SHIRT RECEIVED? (CIRCLE): Y N |
| EMP. INITIALS: _____          |
| FACILITY: _____               |
| <b>OFFICE USE ONLY</b>        |

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's E-mail \_\_\_\_\_ Father's E-mail \_\_\_\_\_

**\*\*AT LEAST ONE EMAIL ADDRESS IS REQUIRED. PLEASE MAKE EMAIL LEGIBLE.**

Mother's Home Phone \_\_\_\_\_ Father's Home \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

If there is another parental figure in your child's life, please complete the following information:

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Will your child need to take medication during FLASH Program hours? \_\_\_\_\_ No \_\_\_\_\_ Yes\*

*\*If yes, please complete "Permission to Dispense Medication Form"*

List specific medical and food allergies, chronic illnesses, medication requirements, medical diagnosis, special education classifications or other conditions that FLASH staff needs to be aware of:

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

In accordance with the Americans with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program? NO ( ) YES ( ) If yes, please describe:

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

Are there any custody/divorce or other family concerns that our staff should be alerted to? NO ( ) YES ( )

If yes, please explain:

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

I swear or affirm that I am the parent or legal guardian of the minor I am enrolling in the FLASH program of the Oak Lawn Park District, and that I have legal authority to enroll the minor in this program. In addition, I attest that the information I supplied above is correct to my knowledge, and that I did not withhold any information pertinent to caring for my child/ward. Should any of the above information change, I understand that it is my responsibility to submit the changes in writing to the FLASH office.

X  
SIGNATURE OF PARENT/LEGAL GUARDIAN RELATIONSHIP TO CHILD DATE