



Oak Lawn Park District

FLASH REGISTRATION FORM

2020-2021 School Year

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

HOUSEHOLD #: _____
DATE: _____
EMP. INITIALS: _____
FACILITY: _____
OFFICE USE ONLY

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 _____

Child's Physician _____ 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.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ RELATIONSHIP TO CHILD _____ DATE _____