



Oak Lawn Park District
FLASH REGISTRATION FORM
2019-2020 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