

Registration Form
Watseka Park District ASPA Program
110 South Third
Watseka, IL 60970
815-432-3931

Parent's/Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____ Child's Birthday: _____

Cell Phone: _____ Other Phone: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Schedule: Please check the days your child/children will be attending.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

*You must notify the Watseka Park District **in writing** if your schedule changes.*

The following people have my permission to pick up my child/children:

Name: _____ Phone: _____

Name: _____ Phone: _____

Child's medical condition(s): _____

Treatment to be used by the Watseka Park District for the above condition(s):

Child's food allergies: _____

Child's non-food allergies: _____

My child is afraid of or becomes anxious in the following situations:

Any other information that we should be aware of (please be specific):

Please make sure that your child/children can be picked up by the persons listed in case of an emergency. If you will be late picking up your child/children, please contact the office at 815-432-3931.

I understand that if my child/children cannot follow the rules and is/are disrupting the program, or if I am unable to pay the tuition on time, then my child/children will no longer be allowed to participate in the ASPA Program.

I further understand that I am responsible for any costs incurred by the Watseka Park District/ASPA Program to initiate legal services for payment issues.

Parent's/Guardian's Signature

Date