



CHILD INFORMATION FORM

Child's Last Name	Child's First name	Sex	DOB & Age
Grade (recently completed)	Living Arrangement: ___ lives with both parents, ___ lives with mother, ___ lives with father, ___ lives with guardian		

Parent/Guardian Information

Please indicate the order in which to make contact in case of emergency, illness or other unforeseen circumstance by circling 1,2,3 or 4 for the name as well as phone numbers to be called. When choosing the order, please keep in mind each person's accessibility, as well as that calls will occur between 9:00 am and 4:30 pm.

Father's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3
Mother's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3
Guardian's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3
Guardian's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3

Emergency Contacts

Please list emergency contacts in the order in which they should be contacted in case of an emergency. Also indicate in which order to use the phone numbers listed for each emergency contact by circling 1,2, or 3.

Name	Home Phone	1 2 3	Cell Phone	1 2 3	Work Phone	1 2 3	Relationship to Child
Name	Home Phone	1 2 3	Cell Phone	1 2 3	Work Phone	1 2 3	Relationship to Child
Name	Home Phone	1 2 3	Cell Phone	1 2 3	Work Phone	1 2 3	Relationship to Child

Authorized Pick-Ups

The people listed below will be the ONLY people allowed to pick-up the child noted above. Please include parent names on this list. Photograph Identification is required upon pick-up.

Name	Relationship to Child	Phone Number
1.		
2.		
3.		
4.		
5.		

Health Information

Child's Physician	Clinic Name	Phone Number
Special Health Conditions, Medications, or Allergies	Hospital Preference: ___ Aurora, ___ Bellin, ___ St. Mary's, ___ St. Vincent	

Permission to the Leave Park

I would like to give my child permission to walk or ride a bike home from the Playground Program:

_____ DO NOT allow my child to sign themselves out without a parent/guardian signature.

_____ Daily. My child may sign themselves out AT ANY TIME without a parent/guardian.

_____ My child may sign themselves out only AT THE END OF THE DAY (4:00 pm) without a parent/guardian.

_____ Only on Specific Days of the Week. ___ Mondays at _____.

___ Tuesdays at _____. ___ Wednesdays at _____. ___ Thursdays at _____.

_____ Only on Specific Dates. Please list below or send a note with your child that day:

***Your child will not be allowed to leave the park without a parent or authorized pick-up unless this form is on file at the park. Once your child leaves the park, s/he cannot return to the program for the remainder of that day.

Please list any other notes you would like to make staff aware of regarding your child:
