

General Information

Child's Name: _____ Age: _____ D.O.B. _____

Address: _____ City: _____

Mother's Name: _____ Cell Number: _____

Father's Name: _____ Cell Number: _____

Parents will be the first ones called if there's an emergency

Emergency contact persons (If parent cannot be reached):

Name	/	Relationship		Able to pick up?
1. _____	/	_____	Phone: _____	_____
2. _____	/	_____	Phone: _____	_____
3. _____	/	_____	Phone: _____	_____

Please list anybody else who you authorize to transport your child from CLUB

Name	/	Relationship	
1. _____	/	_____	Phone: _____
2. _____	/	_____	Phone: _____

In case of emergency, Paramedics may take my child to the nearest hospital?

Yes _____ No _____ Signature of parent or guardian: _____

Family Physician: _____ Phone: _____

*Allergies/Food Restrictions: _____

Physical Limitations: _____

If medication is needed during this trip please contact Stephanie for Medication Dispensing Permission Form.

Please add ANY additional information you feel necessary for staff to know about your child:

Core Values: Teamwork . Integrity . Commitment . Service



CHILD CUSTODY INFORMATION

Do you have legal custody of this child? (Circle One) Yes No
If NO, please read**

Are you the legal guardian of this child? (Circle One) Yes No
If NO, please read**

** If there is a custody issue with any child you have registered with us, you must provide a copy of a court order that proves to us who has legal custody of the child(ren).

** If you are in the middle of a separation or legal proceeding involving custody, we will require a letter signed from both biological parents that states who is authorized to pickup your child(ren), and that we may speak to either person regarding any camp issues as needed.

Wauconda Day's Off School Rules & Regulations/Acknowledgement

I have fully read and understand the procedures, policies, rules and regulations contained in the Parent Handbook that are required of me and my child(ren) while enrolled in the Wauconda Park District program. I am also aware that failure to follow Wauconda Park District policies and procedures may affect me or my child(ren) participation in the Days Off School program.

I understand that only the people that I have listed on my pickup list will be allowed to take my child from Wauconda Park District. (Parent/Guardian initial) _____.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____