

Admission Date: \_\_\_\_\_ Session Days/Hours \_\_\_\_\_

## **LOMBARD PARK DISTRICT KIDDIE CAMPUS PARTICIPANT INFORMATION SHEET**



Participants Name \_\_\_\_\_

Nickname \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

Place & Address of Employment \_\_\_\_\_

Scheduled Work Hours \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

Place & Address of Employment \_\_\_\_\_

Scheduled Hours of Work \_\_\_\_\_

Emergency Contact: (other than parent/guardian)

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Health/Medical/Special Needs

Medical Conditions: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Physicians Name/Address/Phone Number: \_\_\_\_\_

\_\_\_\_\_

Transportation

Please list person to whom child can be released. We will only release your child to these individuals (other than parent/guardian) unless written authorization is presented 2 days in advance.

Name

Address

Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please sign here if no one other than parent will be picking up child: \_\_\_\_\_

parent signature

Cultural Background

Is there anything we need to know regarding your child's cultural background (language, religious beliefs, holiday customs)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Optional Information

Marital Status: \_\_\_\_\_

If divorced who has legal custody of the child? \_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_

(If no, court papers must be on file at the Lombard Park District)

Name of non-custodial parent \_\_\_\_\_

Name and ages of participants siblings: \_\_\_\_\_

EMERGENCY MEDICAL CARE

This authorizes the Lombard Park District to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

\_\_\_\_\_ is the preferred doctor/clinic/hospital.

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of parent/guardian      Relationship to child

EMERGENCY FIRST AID

First aid measures taken at the center are limited to the following:

Bump or Bruise, Cut or Scratch, and Nose Bleed

If further care is needed, we will notify a parent.

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize the Lombard Park District to take my/our child on walking trips and to nearby public park facilities. I/we understand all such trips are under the supervision of the above-named center and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of parent/guardian      Relationship to child

RELEASE OF INFORMATION

I give my permission for the Lombard Park District to release my name, my child's name, address, and phone number to other parents by way of a class list.

Yes, I do give my permission \_\_\_\_\_.

Signature of parent/guardian

No, I do not give my permission \_\_\_\_\_.

Signature of parent/guardian

PHOTOGRAPHS

I authorize the Lombard Park District to take photographs of my child that may be used for publicity purposes.

Date \_\_\_\_\_ / \_\_\_\_\_

Signature of parent/guardian