

PLEASE PLACE AN X NEXT TO THE SUMMER PROGRAM ENROLLED IN

___ Safety Town ___ Kids' Corner ___ Kids' Quest ___ Tiny Tot Travelers

___ Explorers Day Camp ___ Sports Camp ___ Teen Camp

___ Extended Camp A.M. ___ Extended Camp P.M. ___ Dance and/or Dance Camp

The session enrolled in: Session 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Grade Entering For 11-12 School Year: _____ Age: _____

Camper's Name: _____

Address: _____ City: _____

Phone: (____) _____ Birthdate: _____

Mother's Name: _____ Father's Name: _____

Work Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

E-MAIL ADDRESS FOR UPDATES AND REMINDERS: _____

IF ANY NUMBER ON THIS EMERGENCY FORM CHANGES AT SOME POINT THROUGHOUT THE SUMMER, IT IS EXTREMELY IMPORTANT THAT YOU NOTIFY SUMMER STAFF.

Describe any family situations that you feel would be beneficial for the Summer Staff to know (I.e., Parents divorced, Separated, Who child lives with, Different last name, Etc.) All information will be kept confidential.

HOW WILL YOUR CHILD BE ARRIVING TO AND DEPARTING FROM THIS SUMMER PROGRAM?

Walk _____ Bike _____ Parent/Car _____ Car Pool _____

Attending Extended Hours _____ OTHER _____

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If Car Pool, please list those individuals that may pick up your child:

Any Medical or Physical Disabilities? YES NO

If Yes, please explain _____

Allergies: _____

Medication: _____

NOTE: Additional forms must be completed by the parent for any child receiving medication during summer programs. Please speak to a staff member.

NAMES TO CALL IN AN EMERGENCY IF THE ABOVE LISTED PARENTS CANNOT BE REACHED:

1) NAME: _____ RELATION: _____
 ADDRESS: _____ CITY _____ PHONE: (____) _____

2) NAME: _____ RELATION: _____
 ADDRESS: _____ CITY _____ PHONE: (____) _____

3) NAME: _____ RELATION: _____
 ADDRESS: _____ CITY _____ PHONE:(____) _____

I HEREBY AUTHORIZE THE STAFF REPRESENTING THE STREAMWOOD PARK DISTRICT TO ARRANGE FOR EMERGENCY MEDICAL CARE FOR MY CHILD, _____, OR BE RELEASED ONLY TO THE PEOPLE LISTED PREVIOUSLY WHILE SAID CHILD IS IN SAID INDIVIDUAL'S CARE.

MY CHILD HAS PERMISSION TO GO ON SHORT WALKS OFF THE PREMISES AND FIELD TRIPS DURING THE PROGRAM SESSION. I UNDERSTAND THAT HE/SHE WILL BE SUPERVISED AND THAT SAFETY RULES WILL BE ENFORCED.

PARENT/GUARDIAN SIGNATURE

DATE