



## STUDENT PROFILE SUMMER 2018

### EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/ Guardian : \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

*If parent / guardian is unable to be reach please list an emergency contact who is able to pick your child up within 15 minutes*

Emergency Contact: \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

*If your emergency contact cannot be reached; in the case of an emergency and immediate medical and or hospital attention is needed, do you authorize responsible Des Plaines Park District authorities to send your child (properly accompanied) to an available hospital or physician?  
Yes \_\_\_\_\_ No \_\_\_\_\_*

### HEALTH INFORMATION

Is your child potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Must be potty trained to participate in Summer Preschool Programming**

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Please List:

Please List food(s) is your child **NOT** permitted to consume.

Does your child have any physical difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

Please Explain:

Does your child have any medications they need to take during class? Yes \_\_\_\_\_ No \_\_\_\_\_

Please List:

**\*Will need to fill out Permission to Dispense Medication Form**

## Authorized Pick-up Form

Please list the names and relationship of individuals who are authorized by you to pick up your child from the Creative Corners Preschool Summer Camp.

**\*They will be asked to show ID when picking up for the first time**

Name:	Relationship	Phone Number
1		
2		
3		
4		
5		

**Please read the Creative Corners Summer Camp Parent Handbook,  
A PDF is on our website, DPParks.org or hard copy with teachers**

*Please sign below acknowledging that you understand the expectations that are outlined in the Creative Corners Summer Camp Parent Handbook and all information on this form is current.*

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_