



Attach a photo of your child
here

STUDENT PROFILE SUMMER 2023

EMERGENCY INFORMATION

Student's Name: _____ Date of Birth: _____ Male: _____ Female: _____

Home Address: _____ City: _____ Zip: _____

Guardian: _____ Cell #: (____) _____

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If guardian is unable to be reach please list an emergency contact who is able to pick your student 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 student (properly accompanied) to an available hospital or physician?

Yes _____ No _____

HEALTH INFORMATION

Is your student potty trained? Yes _____ No _____

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

Does your student have any allergies? Yes _____ No _____

Please List:

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

Does your student have any physical difficulties? Yes _____ No _____

Please Explain:

Does your student 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 student 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 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 Handbook and all information on this form is current.

Signature Required: _____ **Date:** _____

