

SUMMER ESCAPADES PERSONAL DATA SHEET

Please circle weeks of attendance:

- SE @ SMP Shelter #10 (ages 6-8) 1 2 3 4 5 6 7 8 9 10
SE @ SMP Shelter #8 (ages 9-12) 1 2 3 4 5 6 7 8 9 10
SE @ Heritage Park (ages 6-10) 1 2 3 4 5 6 7 8 9 10
SE @ Stoll Park (ages 6-10) 1 2 3 4 5 6 7 8 9 10
SE @ Harmon Park (ages 6-10) 1 2 3 4 5 6 7 8 9 10
SE @ Antioch Park Shelter #2 (ages 8-10) 1 2 3 4 5 6 7 8 9 10
SE @ Antioch Park Shelter #3 (ages 6-7) 1 2 3 4 5 6 7 8 9 10

Child's Name: _____ Age: _____

Grade for Upcoming School Year _____ Birth Date: _____

Address: _____ Home Phone: _____

(Street) (City) (State/Zip)

Mother's Name: _____ Home #: _____

Work # & Ext. _____

Cell # _____

Father's Name: _____ Home # _____

Work # & Ext. _____

Cell # _____

Emergency contact:

1. _____ Phone #: _____ Relationship: _____

2. _____ Phone _____ Relationship: _____

Doctor's Name: _____ Phone #: _____

Emergency Hospital Preference: _____

List Food/Substance Allergies: _____

Is child taking Prescription drugs, specify? _____

Will drugs be administered during care hours, specify? _____

List all individuals authorized to pick up your child.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

(MUST HAVE PHOTO ID TO PICK UP CHILDREN)

What activities does he/she enjoy most? _____

Is there any special information that would be helpful in meeting the needs of your youth? _____

Specifically state any physical limitations: _____

Please state goals for your youth's participation in this program: _____

Have there been any major changes at home that may affect your youth? _____

Signature of Parent/Guardian **X** _____ Date _____

