

Please print or type and complete one Personal Data Form for each child enrolled

**JOHNSON COUNTY PARK AND RECREATION DISTRICT
SHAWNEE MISSION SCHOOL DISTRICT
AFTER SCHOOL SPECIAL 2010-2011 PERSONAL DATA FORM**

School Name: _____

Child's Name: _____ Age: _____

Grade for Upcoming School Year _____ Birth Date: _____

Address: _____ Home Phone: _____

(Street) (City) (State/Zip)

Parent Name: _____ Home#: _____

Relationship to Child: _____ Work # & Ext. _____

E-Mail _____ Cell # _____

Parent Name: _____ Home # _____

Relationship to Child: _____ Work # & Ext. _____

E-Mail _____ Cell # _____

Emergency contact: _____ Phone #: _____

Relationship: _____

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)

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

Circle Days of Attendance **Before 7:00-8:10** (Days must be consistent): MTWTF

Check Days of Attendance **After 3:10-6:00** (Days must be consistent): MTWTF

Specifically state any physical limitations: _____

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

Will your child be leaving after school for lessons, clubs, etc.? ___Yes ___No (State days and arrangements) _____

List special programs, skills, or activities you would like to have introduced to after school care: _____

X Signature of Parent/Guardian: _____ Date: _____