

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? \_\_\_\_\_

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: \_\_\_\_\_