

**Oak Lawn Park District  
Child Information Form**

Program Name: \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Day/Time of program: \_\_\_\_\_  
Season: \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_

**Mother's Information**

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_

**Father's Information**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_

**Emergency Contacts To Be Notified In Case of Emergency (other than parents)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

- *To receive preschool information, updates, photos, etc.*

**Child's Doctor** \_\_\_\_\_

**Phone** \_\_\_\_\_

Please list any health problems, allergies, behavior problems or other considerations we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By what name do you usually call your child? \_\_\_\_\_

Is another language, besides English, spoken at home? If so, which language? \_\_\_\_\_

Is this your child's first group experience without you? If so, please list all prior group experiences your child has had:

\_\_\_\_\_  
\_\_\_\_\_

If your child has unusual fears, what are they?

Is there any area in which you anticipate difficulty for your child? (For example, following directions, sharing, personal hygiene, fine-motor skills, etc.):

\_\_\_\_\_

What would you like your child to gain from this pre-school experience?

\_\_\_\_\_

List any special interests your child has? \_\_\_\_\_

List the names and ages of other children in your family? \_\_\_\_\_

**Persons authorized to pick up your child. Photo ID will be required at pick-up time**

Name	Relationship to Child	Phone	Cell Phone
------	-----------------------	-------	------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Sign here if you authorize the instructor to assist your child with clothing after bathroom time. Please note that instructors do not go into bathroom stalls with your child*

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_