

**2008-2009 Before and After School Experience
STUDENT INFORMATION**

Child's Name: _____ Home Phone _____

Address: _____

Street City State Zip Code
Gender: Male Female Age: _____ Birth Date: ____________

School Child Attends: _____ Grade: _____

What Time does your child's school dismiss?
____ 2:30pm
____ 3:30pm

How will your child arrive at B.A.S.E?
____ Bus drop off
____ Parent/ guardian Drop-off
____ Staff pick-up from McCall ONLY

For Before Care participants, what time will the bus pick your child up in the a.m.?

Mother's Name: _____ Work Phone: _____

Can we call you at work? Yes _____ No _____

Father's Name: _____ Work Phone: _____

Can we call you at work? Yes _____ No _____

Emergency Contact (other than parents listed above):

Name: _____ Relationship to Child: _____

Phone Number: _____

PLEASE LIST EVERYONE WHO IS AUTHORIZED TO PICK UP YOUR CHILD:

Name: _____ Relationship to Child: _____

Phone Number: _____

Name: _____ Relationship to Child: _____

Phone Number: _____

Name: _____ Relationship to Child: _____

Phone Number: _____

**Your child will only be released to those people listed above. Government I.D is required.
No pick up/drop off in the parking lot. When dropping off, you must accompany your child into the building. At pick-up, you must come into the building to sign him/her out.**

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I authorize this child to participate in the Waukegan Park District B.A.S.E. program and any off-site activities that are included.

Parent / Guardian Signature: _____ Date: ____/____/____

****Please complete the attached *Medical Information form* **
If medications will be dispensed, the *Permission to Dispense Medication Waiver and Release of All Claims* must also be completed.**