

**Hinkston Park Field House and Belvidere Recreation Center
Before and After School Experience 2015/2016
STUDENT INFORMATION**

Child's Name: _____ Home Phone _____

Address: _____
Street City State Zip Code

Gender: Male Female Age: _____ Birth Date: ____________

School Child Attends: _____ Grade: _____

Program Site Belvidere Recreation Center: _____ Hinkston Field House: _____

What time does your child's school dismiss?
 Early Release (3:03pm)
 Late Release (3:48pm)

How will your child arrive at B.A.S.E?
 Bus drop off
 Parent/ guardian Drop-off

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.

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.