

Child's Name _____
Last First

Date _____

Charleston Parks and Recreation Department
Participant Information
(All Information is Confidential)

Child's School (2014-2015) _____

Grade _____

CHILD

Name _____

Phone _____

Address (Street, City, Zip) _____

Birth date _____

Age _____

Male

Female

MOTHER/GUARDIAN

Name _____

Address (Street, City, Zip) _____

Employer _____

Hours _____

Address (Street, City, Zip) _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

FATHER/GUARDIAN

Name _____

Address (Street, City, Zip) _____

Employer _____

Hours _____

Address (Street, City, Zip) _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

Marital Status of Parents _____

If not married, who has custody of your child? _____

Is either parent deceased? _____

Is there a problem with either parent visiting, talking with, or picking up the child? Yes No

Please explain: _____

If yes, we must have a copy of the court ordered custody and visitation.

Date Received _____

Other Members of the Household:

Name _____

Relation _____

Age _____

Your child will be released only to the following persons in addition to the parent/guardian:

Name _____ Relationship _____

Address (Street, City, Zip) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Address (Street, City, Zip) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Person(s) other than the parent/guardian to contact in case of an emergency (include someone in the area)

Check box if same as person(s) listed above for release

Name _____ Relationship _____

Address (Street, City, Zip) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Address (Street, City, Zip) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name of Doctor _____ Phone _____

Is your child on medication? Yes No

Please list: _____

Who administers it and when? _____

Does your child have seizures? Yes No

How often? _____ How severe? _____

Does your child have any allergies? Yes No

Please list: _____

Does your child have any diet restrictions? Yes No

Please explain: _____

Is there any chronic illness or serious health problem in your family? Yes No

Please explain: _____

Is there anything that occurred during your child's early years that you think is important, such as serious illness, a death, or a separation? Yes No

Please explain: _____

Does your child have any special fears? Yes No

Please explain: _____

Is your child able to participate in all activities? Yes No

If no, please describe _____

Is your child enrolled in a Special Education program? Yes No

What is their Special Education Classification? _____

May we have permission to use photographs of your child for publicity purposes? Yes No

Does your child have permission to walk to and from our program unaccompanied? Yes No

Please provide a written schedule of times and destinations: _____

Would you like to speak to a staff member regarding any special needs or concerns before your child begins participation in our program? Yes No

Please explain: _____

Please provide any additional information that you think would be beneficial to our staff:

Parent/Guardian Signature

Date

Please continue to back page to sign TRIP & EXCURSION permission slip

PERMISSION FOR GOING ON TRIPS & EXCURSIONS AND USING PUBLIC PARKS AND FACILITIES

I hereby give consent for the Charleston Parks & Recreation Department to provide transportation for my child, (please print name) _____, with the understanding that such trips are under the supervision of authorized Charleston Parks & Recreation Department staff and that all possible precautions are taken to ensure the health and safety of my child.

Parent/ Guardian Signature

Date

Please pick up and read a copy of the *2013-2014 Afterschool Club or Day Camp Parent Handbook!*