



# CHILD DATA FORM VERNON HILLS PARK DISTRICT PALS 2020-21

Child Data Form must be submitted prior to the start of PALS.  
Email completed form to [annas@vhparkdistrict.org](mailto:annas@vhparkdistrict.org).  
Please note: your child will NOT be able to start PALS without a Child Data Form.

## PROGRAM INFORMATION

School:

- Elementary North                       Townline/Dual Language                       Kindergarten Building  
 Elementary South                       Aspen

## CHILD INFORMATION

Child's Name: \_\_\_\_\_  
(First) (Last) (Name To Be Used)

Birthdate: \_\_\_ / \_\_\_ / \_\_\_       Right-Handed     Left-Handed     Unsure      Gender: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

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

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

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

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

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

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

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

Address: \_\_\_\_\_

## EMERGENCY CONTACTS / INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD (OTHER THAN PARENTS/GUARDIANS LISTED ABOVE)

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

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

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

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

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

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

Address: \_\_\_\_\_



**CHILD DATA FORM  
VERNON HILLS PARK DISTRICT  
PALS 2020-21**

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_  
(First) (Last)

**TELL US ABOUT YOUR CHILD (TEMPERAMENT, LIKES/DISLIKES & ANY INFORMATION PERTINENT TO CHILD'S PARTICIPATION)**

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

**FAMILY INFORMATION**

Name and ages of other children in family:

\_\_\_\_\_

List any important family information your wish to share:

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

Check this box if there is a language other than English spoken at home. Language(s):

\_\_\_\_\_

**MEDICAL / SPECIAL NEEDS**

Check this box if your child has any special needs (physical, behavioral, cognitive, processing, social/emotional or communication.) If yes, please describe below.

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

Check this box if your child has any medical conditions, health concerns or allergies. List and describe:

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

Check this box if your child takes any medication. List:

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

Check this box if your child requires medication dispensed/administered during PALS hours. *Note: Parent/Guardian must complete the Medication Dispensing Information Form and Permission to Dispense Medication Waiver.*

**FIRST AID & EMERGENCY MEDICAL CARE CONSENT**

I authorize permission for my child to receive necessary health care and emergency medical treatment. I will not allow my child to attend PALS if they become exposed to any contagious disease, or if for any reason, I do not consider my child to be in good physical condition.

**FAMILY HANDBOOK**

The PALS Family Handbook is available online at [vhparkdistrict.org](http://vhparkdistrict.org). I acknowledge that it is my responsibility to read the handbook and abide by the policies and procedures of the program.

**SIGNATURE/ CONSENT**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_