



# CHILD DATA FORM VERNON HILLS PARK DISTRICT SUMMER CAMP 2021

Child Data Form must be submitted by 9pm on the Tuesday before camp starts. Email completed form to [campforms@vhparkdistrict.org](mailto:campforms@vhparkdistrict.org). Please note: your child will NOT be able to start camp without a Child Data Form.

## PROGRAM INFORMATION

Program:

- Backyard Summer Day Camp       Kid Zone ½ Day Camp       Last Blast Day Camp
- Little Sprouts Camp       Peterson Park Day Camp       Preschool Camp
- Princess Camp / Superhero Camp       Safety Town Camp       Sullivan Day Camp

## CHILD INFORMATION

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

Prior Camp Experience: \_\_\_\_\_

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  
SUMMER CAMP 2021**

**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 camp 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 camp 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 Summer Camp 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: \_\_\_\_\_