



CHILD DATA FORM VERNON HILLS PARK DISTRICT PALS 2023-24

Child Data Form must be submitted prior to the start of PALS.
Email completed form to 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 Middle North Middle South

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 2023-24**

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. 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: _____