# AFTER SCHOOL PALS - Emergency Form

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Child #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
<td></td>
</tr>
<tr>
<td>Child #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td>Number</td>
<td>Street</td>
<td>City</td>
<td>Zip code</td>
<td></td>
</tr>
</tbody>
</table>

| Home Phone (  ) |  |  |  |
|-----------------|--------------|--------------|--------------|--------------|

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child #2</td>
<td></td>
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</tr>
</tbody>
</table>

Does your child(ren) have any hobbies or pets?
Child #1

Child #2

Does your child(ren) have a 504, I.E.P., or receive additional help at school? If so, please explain.
Child #1

Child #2

Does your child(ren) have any allergies? If yes, please list them below.
Child #1

Child #2

Does your child(ren) take any medication*? If yes, please explain.
Child #1

Child #2

*If your child will be taking any medication at After School Pals, a medication release form must be signed.

(OVER)
Employment information in case of emergency

FATHER
Name _______________________________
Occupation ___________________________
Business Phone _______________________
Cell Phone ____________________________
Marital Status ________________ (optional)

MOTHER
Name _______________________________
Occupation ___________________________
Business Phone _______________________
Cell Phone ____________________________

These individuals have your permission to pick-up your child(ren).

In case of emergency please call:

Name ____________________________
Relationship _______________________
Phone ____________________________

If I cannot be reached or there is insufficient time to contact me, I give my consent to the Village of Orland Park Recreation and Parks Department in the event of any accident or emergency to seek and procure whatever emergency care or treatment deemed reasonably necessary at the time.

Parent’s Signature ____________________________ Date ____________

The family doctor and his phone is: __________________________________________

We (I) agree to the permission stated above, and we agree to pay for medical bills arising from such treatment. Our insurance carrier is: __________________________________________

Please list below people and their relationship who may be picking up your child(ren), excluding yourself. List others on another sheet of paper and submit with this registration form.

Name ____________________________ Relationship ____________________________

Number of days attending _______ _______ _______ _______ _______

I have read and understand the discipline policies and procedures outlined in the After School Pals Parent Guide.

Signature ____________________________ Date ____________

Shared: forms/preschool-camp-pals