

Please print or type and complete one Personal Data Form and Registration Form for each child enrolled

**JOHNSON COUNTY PARK AND RECREATION DISTRICT
EARLY CHILDHOOD DEVELOPMENT CENTER
2011-2012 PERSONAL DATA FORM**

Child's Full Name: _____ Start Date: _____

Child's Age: _____ Child's Birth Date: _____ County: _____

Address: _____ Home Phone: _____
(Street) (City) (State/Zip)

Parent/Guardian: _____ Home #: _____

Home Address: _____ Cell #: _____

Employer: _____ Work # & Ext. _____

Email: _____

Parent/Guardian: _____ Home #: _____

Home Address: _____ Cell #: _____

Employer: _____ Work # & Ext. _____

Email: _____

Siblings Name: _____ Siblings Age: _____

Emergency contact: _____ Phone #: _____

Relationship: _____

Phone #: _____

Relationship: _____

Child's Doctor: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

List Food/Substance Allergies: _____

List all individuals authorized to pick up your child (other than parents and/or ER contacts).

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

(MUST HAVE PHOTO ID TO PICK UP CHILDREN)

Specifically state any physical limitations: _____

Signature of Parent/Guardian: _____ Date: _____

(Return to Center two weeks before attending)

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