

Antioch Park Xroads | 2012

PLEASE TYPE OR PRINT NEATLY.

Personal Data Sheet

Please check weeks of attendance: 1 2 3 4 5 6 7 8 9 10

Child's Name: _____ Age: _____ Birth Date: _____
Address: _____ Home Phone: _____
(Street) (City) (State/Zip)

Mother's Name: _____ Father's Name: _____
Home #: _____ Home #: _____
Work # & Ext. _____ Work # & Ext. _____
Cell # _____ Cell # _____

Emergency contact:
1. _____ Phone #: _____ Relationship: _____
2. _____ Phone #: _____ Relationship: _____

Doctor's Name: _____ Phone #: _____

Emergency Hospital Preference: _____

List Food/Substance Allergies: _____

Is participant taking Prescription drugs? Specify _____

Will drugs be administered during care hours? Specify. (Please note a medication form must be on file to administer.) _____

List all individuals authorized to pick up your child.

Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____

(MUST HAVE PHOTO ID TO PICK UP CHILDREN)

What activities does he/she enjoy most? _____

Is there any special information that would be helpful in meeting the needs of your youth? _____

Specifically state any physical limitations: _____

Please state goals for your youth's participation in this program: _____

Have there been any major changes at home that may affect your youth? _____

Signature of Parent/Guardian **X** _____

Date _____

