

VILLAGE OF MONEE  
Before & After School Care Program  
2022-2023  
**Participant Information Form**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Name/Phone Number of a **LOCAL** (In Town) neighbor/relative to call in an emergency when a parent cannot be reached.

\_\_\_\_\_

I understand that in the event of an emergency, every effort will be made by the **Village of Monee** to reach a parent first, however, if the day care provider determines that 911 must be called, it is the policy of the Monee Fire District to transport to **Hospital**.

**List any allergies/health problems your child may have.**

\_\_\_\_\_

**List any home custody situations (i.e. divorce, restraining orders, etc.)**

\_\_\_\_\_

FOR MEDICAL PURPOSES:

Doctors Name: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

IN CASE OF INJURY;

Medical Group Name: \_\_\_\_\_

Group and Identification Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your child will not be released to anyone who is not on this list, without prior **written** confirmation from you.

1. \_\_\_\_\_

Name Relationship

2. \_\_\_\_\_

Name Relationship

Date: \_\_\_\_\_ Child's weight \_\_\_\_\_ lbs.