

Park District of La Grange
Registration and Child's Record
LEARNING LADDERS

NAME OF CHILD _____ BIRTHDATE _____

ADDRESS _____ TELEPHONE _____

NEIGHBOR'S NAME _____ TELEPHONE _____

BOY _____ GIRL _____ OTHER CHILDREN IN FAMILY & AGE _____

MOTHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ TELEPHONE _____

FATHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ TELEPHONE _____

WIDOWED _____ SEPERATED _____ DIVORCED _____

PHYSICIAN'S NAME _____ TELEPHONE _____

HOSPITAL PREFERRED _____

IN CASE OF EMERGENCY, PLEASE NOTIFY _____

_____ TELEPHONE _____

PERSON AUTHORIZED TO PICK UP CHILD DAILY & IN EMERGENCY:

_____ TELEPHONE _____

_____ TELEPHONE _____

NAME ALLERGIES _____

FAMILIES THAT YOU CAR POOL WITH _____

SIGNATURE OF PARENT OR GUARDIAN _____

DATE SIGNED _____

IF YOUR CHILD HAS ANY SPECIAL NEEDS OR OTHER REQUIREMENTS PLEASE NOTIFY THE
PARK DISTRICT OF LA GRANGE NOW.
