

Addison Park District

Child's Name (include child's preferred name) _____

Address _____ City _____

Phone Number _____ Emergency Phone # _____

Birth Date _____ Emergency Phone # _____

Parent #1 Name _____ Cell Phone # _____

Occupation _____ Work Phone # _____

Preferred e-mail address _____

Parent #2 Name _____ Cell Phone # _____

Occupation _____ Work Phone # _____

Sibling names and ages

Are there others living with the family? (Relationship) _____

Is there a language other than English spoken in the home? _____ If so, what language? _____

What type of residence? _____ Home _____ Apartment _____ Other

Child lives with _____ Both parents _____ Parent #1 _____ Parent #2 _____ Other (please explain) _____

Are there any intellectual or developmental concerns? (Please explain) _____

Allergies _____ Is child on any medications? _____

Previous school experience _____

Is the child left handed? _____ Yes _____ No Care for own toilet habits? _____ Yes _____ No

Persons allowed to call for the child (please include phone number) _____

If there is anything you feel would help the teacher(s) to know your child better, please explain: _____
