

**SAVE FORM AS: Last name, first name and DOB with no dashes. IE: Patrol Paw 12012012**

**JOHNSON COUNTY PARK AND RECREATION DISTRICT  
Ernie Miller Nature Park  
Summer Tots and Summer Vacation CAMP  
2017 PERSONAL DATA FORM**

Child's Full Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Week(s) enrolled:

**Summer Tots (ages 4-5)**      6/5      6/12      6/26      7/10      7/24

**Summer Vacation (ages 6-8)**      6/5 1pm      6/12 1pm      6/19 9am      6/19 1pm      7/10 1pm

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Home #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work # & Ext. \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Home #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work # & Ext. \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Other than Parents)

Relationship: \_\_\_\_\_

List Food/Substance Allergies: \_\_\_\_\_

List all individuals authorized to pick up your child (other than parents). Photo ID will be required.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**(MUST HAVE PHOTO ID TO PICK UP CHILDREN)**

Specifically state any physical limitations: Anything special we need to know about your child?

Signature of Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*I attest that the information here provided is complete to the best of my knowledge. Typing my name in this box serves as my signature, for legal purposes pertaining to JCPRD programs and KDHE requirements.

