



NATIONAL Gold Medal Winner

City of Waukesha Parks, Recreation & Forestry
Cool Before and After School Child Information Form



One form per child is required, all lines must be completed or place N/A.

2020-2021

Banting - Bethesda -- Hawthorne - Heyer - Hillcrest - Lowell - Prairie - Randall - Rose Glen

Child's Name (First, Middle, Last), Date of Birth, Age, Grade, Site, Home Phone, Address, City, Zip

Parents/Guardians:

Parent/Guardian 1-4: Relationship, Home Phone, Work Phone, Cell Phone, Email

Emergency Contact Child other than Parents:

Name, Relationship to Child, Home Phone, Work Phone, Cell Phone (two entries)

Persons Authorized to pick up Child other than Parents:

Name, Phone, Relationship (four entries)

(More on back)

**Child Health/Behavior:**

Does your child have any allergies, previous serious illnesses, medications, behavioral concerns, special needs, etc.? Yes or No (circle)

If yes, please explain:

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Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

**Any other Information, you would like to share with Staff regarding your child:**

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**Cool Before/Afterschool Parent Manual Acknowledgement**

Acknowledgement of policies must be done on an annual basis.

Please sign the form below to indicate that you have read and reviewed this information and the WPRF Cool Before/Afterschool Parent Manual.

I, (print name) \_\_\_\_\_ have read  
*the Parent Manual and understand the Cool Before and Afterschool program's policies and procedures.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you!  
Information on this form is kept in confidence and shared only with  
WPRF Before/Afterschool staff and administrators*

