



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.

2021-2022



Banting – Bethesda – Hawthorne – Heyer – Hillcrest – Lowell – Prairie – Randall – Rose Glen – Whittier

Child's Name _____
First _____ Middle _____ Last _____

Date of Birth ____ / ____ / ____ **Age** ____ **Grade** ____ **Site** _____ **Home Phone** _____

Address _____ **City** _____ **Zip** _____

Parents/Guardians:

Parent/Guardian 1: _____	Relationship: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____
Parent/Guardian 2: _____	Relationship: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____
Parent/Guardian 3: _____	Relationship: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____
Parent/Guardian 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: _____

Name _____ Relationship to Child _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Persons Authorized to pick up Child other than Parents:

Name _____	Phone _____	Relationship: _____
Name _____	Phone _____	Relationship: _____
Name _____	Phone _____	Relationship: _____
Name _____	Phone _____	Relationship: _____

(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:

Child's Physician _____ Phone: _____

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

Cool Before/Afterschool Parent Manual Acknowledgement

Acknowledgement of policies and permission for shared child information between the School District of Waukesha and City of Waukesha Parks, Recreation and Forestry must be done on an annual basis.

Please print your name and sign the form below.

I give consent that my child's information may be shared between the School District of Waukesha and City of Waukesha Parks, Recreation and Forestry, Before and Afterschool Staff, while my child is enrolled in the Cool School Before and Afterschool Program.

I have read the Parent Manual and understand the Cool Before and Afterschool program's policies and procedures.

Print Name: _____ Relationship to student: _____

Parent/Guardian Signature: _____ Date: _____

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

