



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.
2019-2020

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: Name, 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:

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 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*