

PRAIRIE CARE
PARTICIPANT INFORMATION FORM
2018 -2019

Child's Name _____ Grade _____ Gender _____

Address _____ Date of Birth _____

Home Phone _____ Mother's Cell # _____ Father's Cell# _____

Email _____

Marital Status of Parents _____

Father or Guardian Name _____

Employer Name, Address and Phone _____

Mother or Guardian Name _____

Employer Name, Address and Phone _____

Child Physician Name, Address and Phone _____

Emergency Contact other than Parent or Guardian

Name _____

Phone # _____ Relationship to child _____

Any Allergies or other important information the teachers should be aware of? Please explain.

I give my permission for my child to participate in all the activities of this program. I will contact Prairie Care Staff if I do not want my child to participate in gym games or outdoor play.

Signature Parent/Guardian _____ Date _____