



**Gurnee  
Park  
District**

**2018/2019 CARE Information Form**

Please first register your child and pay the appropriate fee using a Program Registration Form, then complete **one CARE Information Form for each child enrolled** and return to the Registration Office located at Viking Park or Hunt Club Park Community Center no later than one week prior to your start date. For additional forms, visit [gurneeparkdistrict.com](http://gurneeparkdistrict.com). **This form must be completed in order for your child to participate.**

**Viking Park Community Center** • 4374 Old Grand Ave • Gurnee, IL 60031 • Main (847) 623-7788 • Fax (847) 623-8121  
**Hunt Club Park Community Center** • 920 N. Hunt Club Rd • Gurnee, IL 60031 • Main (847) 623-7788 • Fax (847) 855-1372

**General Information**

Child's Name \_\_\_\_\_ Gender  M  F  
 Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

**Program Information** - Please check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> AM CARE at Hunt Club           | <input type="checkbox"/> AM CARE at Viking Park           |
| <input type="checkbox"/> AM Preschool CARE at Hunt Club | <input type="checkbox"/> AM Preschool CARE at Viking Park |
| <input type="checkbox"/> PM CARE at Hunt Club           | <input type="checkbox"/> PM CARE at River Trail School    |
| <input type="checkbox"/> PM Preschool CARE at Hunt Club | <input type="checkbox"/> PM CARE at Spaulding School      |

**School Information**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Prairie Trail School | <input type="checkbox"/> Viking Middle School     | <input type="checkbox"/> Woodland Elementary West |
| <input type="checkbox"/> River Trail School   | <input type="checkbox"/> Woodland Primary         | <input type="checkbox"/> Woodland Intermediate    |
| <input type="checkbox"/> Spaulding School     | <input type="checkbox"/> Woodland Elementary East | <input type="checkbox"/> GPD Preschool            |
|   |   | <input type="checkbox"/> Other _____              |

**Parent/Guardian Information**

**Are both parents/guardians are authorized to pick up child?**  Yes  No

Parent/Guardian _____	Parent/Guardian _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____

**Authorized Pick Up** Please list those who are authorized to pick up your child. Children may only leave with those listed on this form.

NAME	Relation to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Medical Information

Will our staff be required to administer medication to your child? \*  Yes  No

Does your child have diagnosed food allergies? \*\*  Yes  No

If yes, please explain \_\_\_\_\_

Does your child have non-food allergies or food restrictions? \*\*  Yes  No

If yes, please explain \_\_\_\_\_

Does your child have special needs or accommodations? \*\*\*  Yes  No

If yes, please explain \_\_\_\_\_

\*A Permission to Dispense Medication Form must be completed for staff to dispense medication during CARE hours.

\*\* An Allergy Action Plan must be completed if allergies are severe or life threatening.

Both forms are available from the Registration Desk at both locations or at [www.gurneeparkdistrict.com](http://www.gurneeparkdistrict.com)

\*\*\* Warren Special Recreation Association can assist us to include children with special needs. Please contact WSRA at (847) 244-6619 to begin the process so that appropriate accommodations can be made before your child begins. Note that this takes a minimum of two weeks.

Staff will administer first aid as necessary.

In case of emergency, child will be taken to the nearest hospital by ambulance.

## About Your Child

Please provide any information that you believe will make your child more comfortable at CARE. You may want to include special interests, favorite toy or game, activities, siblings, pets, etc.

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## Parent Agreement

I agree to abide by the contents of the CARE Parent Handbook. The Parent Handbook can be found at <http://www.gurneeparkdistrict.com/programs/recreation/care>

I understand that this program is not licensed or regulated by DCFS.

NAME (printed) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

