

Kennebunkport Parks & Rec

Child Information Form

Program/Camp:

Child's Last Name	Child's First Name	Birth date
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Grade in the fall	School Name
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Street Address	City	Zip
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Primary Guardian's Last Name	Primary Guardian's First Name	Phone Number
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Parent / Guardian Primary Email	Alternative Number
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Secondary Guardian's Last Name	Secondary Guardian's First Name	Phone Number
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Alternative Number

Is your child presently on any medication? No yes If yes, please complete Medical Information Form

Does your child have any allergies? No yes List: _____

Does your child have any medical conditions?

The information listed on this form can be used for an additional, same household child listed below:

Additional Child's Last Name	Additional Child's First Name	Birth date
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Grade in the fall	School Name
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Additional Child's Last Name	Additional Child's First Name	Birth date
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Grade in the fall	School Name
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Is your child(ren) presently on any medication? no yes If yes, please complete Medical Information Form

Does your child have any allergies? no yes List: _____

Does your child(ren) have any medical conditions? no yes If yes, please list: _____

PROGRAM RELEASE INFORMATION

I, _____, parent/guardian of _____ will drop off and pick up my child from this program. In the event that I am unable to do so, I give authorization for the individuals listed below to pick up my child. These individuals are the only people with whom my child is allowed to leave with from the Parks & Recreation Department activity. **I understand that any changes to this list must be made in advance and in writing to the Kennebunkport Parks & Recreation staff.**

Individual's Name	Phone Number	Alternative Phone Number
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Individual's Name	Phone Number	Alternative Phone Number
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Individual's Name	Phone Number	Alternative Phone Number
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[OPTIONAL] I, _____, parent/guardian of _____ give permission for my child to arrive or leave the program in the following ways: walk bike