

VILLAGE OF MONEE
Before & After School Care Program
2025-2026
Participant Information Form

Child's Last Name: _____ First Name: _____

School: _____ Grade: _____

Birth Date: _____

Address: _____ City: _____

Home Phone Number: _____ Email Address: _____

Mother's Name: _____ Work Phone Number: _____

Cell Phone Number: _____

Father's Name: _____ Work Phone Number: _____

Cell Phone Number: _____

Name/Phone Number of a **LOCAL** (In Town) neighbor/relative to call in an emergency when a parent cannot be reached.

I understand that in the event of an emergency, every effort will be made by the **Village of Monee** to reach a parent first, however, if the day care provider determines that 911 must be called, it is the policy of the Monee Fire District to transport to **Hospital**.

List any allergies/health problems your child may have.

List any home custody situations (i.e. divorce, restraining orders, etc.)

FOR MEDICAL PURPOSES:

Doctor's Name: _____

Address/Phone Number: _____

IN CASE OF INJURY;

Medical Group Name: _____

Group and Identification Number: _____

Parent Signature: _____ Date: _____

Your child will not be released to anyone who is not on this list, without prior **written** confirmation from you.

1. _____

Name Relationship

2. _____

Name Relationship

Date: _____ Child's weight _____ lbs.