

HODGKINS PARK DISTRICT HOUSEHOLD INFORMATION FORM

To help ensure safety for all patrons, we ask that each household completes this form with their most up-to-date information. Please complete and return this form before participating in activities or programs. If there is a blank that is not applicable, please mark N/A.

Primary Parent/Guardian Information

Please enter information for the primary parent/guardian of the household.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Apt #: _____

Phone: _____ Date of Birth (MM/DD/YYYY): _____

Secondary Parent/Guardian Information

Please enter information for the secondary parent/guardian of the household (if applicable).

First Name: _____ Last Name: _____

Phone: _____ Date of Birth (MM/DD/YYYY): _____

Additional Family Member Information

Please enter information for each child and/or additional family members in your household.

	First Name	Last Name	DOB (MM/DD/YYYY)	Gender
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

When you are done with this form, please bring it to the park district or email it to rbleck@hodgkinspark.org

