



**SHOREWOOD RECREATION & COMMUNITY SERVICES DEPARTMENT  
SCHOOL DISTRICT OF SHOREWOOD**

1701 E. Capitol Drive  
Shorewood, WI 53211

(414) 963-6913 x4 Fax (414) 961-3175

**Child Information Form**

**Child's Name:** \_\_\_\_\_  
First Middle Initial Last

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Emergency Contact Information (Other than Parents):**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Persons Authorized to pick up child other than parents:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give permission for your child to sign themselves out of our programs on their own? If yes, can they leave before the program's end time?

**Health Concerns:**

Does your child have any allergies, illnesses, medications, behavioral concerns, an IEP or special needs, etc?  
Any other information you would like to share?

## **Behavior Policy**

In order to ensure the safety and well-being for all the children and staff we please ask that you review and complete this behavior policy with your child. In the event of disruptive behavior, physical violence, bullying, sexual/religious/racial harassment, or damage to property the following procedure will be in effect:

- a) A verbal warning will be issued to the child from the instructor.
- b) Written and verbal contact from the Shorewood Recreation Department to the parent/guardian of the child.
- c) Re-occurrence of the behavior following these conversations will result in the removal from the program.

Parent Signature:

Child Signature:

## **Sunscreen Policy**

The majority of our days are spent outside. It is your responsibility to send your child with sunscreen to protect them from the hazards of the sun. If your child fails to bring sunscreen, the recreation staff will assist your child in applying a spray sun screen to ensure their safety. If you do not want staff to assist your child; please opt out below.

(Please initial below)

I agree to provide sun screen with my child and have discussed its application with my child(ren)

I do not want staff to assist with the application of sunscreen

## **Public Relations/Social Media**

**EXCLUSION FROM GENERAL MEDIA:** Initial this box if you would NOT like your child's name or image on any of their teachers' District pages, PTO student directory, the District website, any of the District's social media accounts, or any outside media (including, but not limited to, Shorewood Today Magazine, publications by the Shorewood SEED Foundation, the Milwaukee Journal Sentinel or local news affiliates.)