

**CLARENDON HILLS PARK DISTRICT  
HOUSEHOLD INFORMATION FORM**

We have installed a new registration system and are building our database. **Even if you have participated in programs in the past**, each family must provide information – **ALL FAMILY** members should be included with all the requested information – ***only CHPD staff can add family members to households***

**Thank you for your cooperation**

**Names**

**Parent (Primary):** \_\_\_\_\_ Male \_\_ Female \_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_

Allergies/Medical: \_\_\_\_\_

**Parent (Secondary):** \_\_\_\_\_ Male \_\_ Female \_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_

Allergies/Medical: \_\_\_\_\_

***Proof/Copy of Address Must be Provided (Park District Residency for resident fees)***

**Address:** \_\_\_\_\_

**City, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone Primary:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Name and phone:** \_\_\_\_\_

**Family Member:** \_\_\_\_\_ Male \_\_ Female \_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Current Grade: \_\_\_\_\_

Allergies/Medical: \_\_\_\_\_

**Family Member:** \_\_\_\_\_ Male \_\_ Female \_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Current Grade: \_\_\_\_\_

Allergies/Medical: \_\_\_\_\_

**Family Member:** \_\_\_\_\_ Male \_\_ Female \_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Current Grade: \_\_\_\_\_

Allergies/Medical: \_\_\_\_\_

**Family Member:** \_\_\_\_\_ Male \_\_ Female \_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Current Grade: \_\_\_\_\_

Allergies/Medical: \_\_\_\_\_

**Family Member:** \_\_\_\_\_ Male \_\_ Female \_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Current Grade: \_\_\_\_\_

Allergies/Medical: \_\_\_\_\_

**Family Member:** \_\_\_\_\_ Male \_\_ Female \_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Current Grade: \_\_\_\_\_

Allergies/Medical: \_\_\_\_\_