

Algona Recreation Department
Arts & Activities Participant Information Form

Child's name: _____ Birth date: _____

Parent's name(s): _____

Address: _____

Home phone: _____

Mom's workplace & work phone: _____

Dad's workplace & work phone: _____

Mom's cell phone: _____ Dad's cell phone: _____

Please list authorized adults able to pick your child up and their phone number(s):

Does your child have any health concerns (food allergies, medications) or special needs? Please explain:

Note any additional information that may be helpful in relating to your child:

In case of emergency and parents can not be reached please provide the following:

Name _____ Home phone: _____

Work phone: _____ Cell phone _____