



# Kenilworth Transportation & Contact Form

Please print firmly and return to the Park District by June 15. Thank you!

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Entering Grade \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 Parents'/Guardians' Names \_\_\_\_\_ Home Phone \_\_\_\_\_  
 \_\_\_\_\_ Day/Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Day/Cell Phone \_\_\_\_\_  
 Camp Name \_\_\_\_\_ Extended Day  Yes  No

## Emergency Contacts

You must list at least 2 names other than those listed above

Name	Phone During Camp	Name	Phone During Camp
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

## Transportation Information

Person(s) Authorized to Pick Up Child	Phone During Camp Hours
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

## Sports Plus Only

How will your child get to/from camp each day?

	<input type="checkbox"/> Walk	<input type="checkbox"/> Bike	<input type="checkbox"/> Driven
<b>Select all that apply</b>	Monday	Monday	Monday
	Tuesday	Tuesday	Tuesday
	Wednesday	Wednesday	Wednesday
	Thursday	Thursday	Thursday
	Friday	Friday	Friday

## Sports Plus Only

If your child is walking and/or biking from camp, does he/she have permission to:

Walk home alone?  Yes  No  
 Bike home alone?  Yes  No

I authorize my child/ward to walk/bike home or be picked up upon the end of camp per the information I have provided in this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_