

summer at park

Staff Information Sheet

Please type or print clearly.

Staff Name _____

Home Address:

Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

School Address: (if you reside during the school year)

Street _____ Apt. # _____

City _____ State _____ Zip Code _____

**E-mail address _____

Emergency Contact person _____

Your relation to this person _____

Emergency Contact telephone # _____

Medical Insurance Carrier _____

Medical Insurance Policy # _____

Physician's Name _____

Physician telephone # _____

Date of Birth _____ Social Security # _____

Please attach a small, recent photo of yourself as well. Thank you! ☺