



Clarendon Hills Park District  
315 Chicago Avenue  
Clarendon Hills, Illinois 60154  
630-323-2626 / 630-323-5362 (fax) / info@clarendonhillsparkdistrict.org

## Household Information Form

Welcome to the Clarendon Hills Park District! It is necessary to set up your household to register for events/programs. It is required to include proof of residency to receive resident fees.

Parent Primary: \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

Parent Secondary: \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Emergency Contact Name & Phone: \_\_\_\_\_

Family Member: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

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

Family Member: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

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

Family Member: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

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

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Family Member: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

Current Grade: \_\_\_\_\_

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

Family Member: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

Current Grade: \_\_\_\_\_

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

Family Member: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

Current Grade: \_\_\_\_\_

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