



# Household Information Form

Glencoe Park District  
999 Green Bay Road • Glencoe, IL 60022 • (847) 835-3030  
www.glencoe park district.com

Please complete the following information about your household.

\*Fields listed in red indicate required data. If you are entering a secondary guardian or family member information, the name, DOB and gender is required.

## Head of Household Information

\*Name of Primary Guardian (First/Last) \_\_\_\_\_

\*Gender \_\_\_\_\_ \*Date of Birth (mm/dd/yyyy) \_\_\_\_\_

## Secondary Guardian Information

Name of Secondary Guardian (First/Last) \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

## Family Member Information

First/Last Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

First/Last Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

First/Last Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

First/Last Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

First/Last Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

First/Last Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

## Primary Guardian Email and Phone

\*Primary Email Address \_\_\_\_\_

\*Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

\*Cell Phone ( ) \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

## Secondary Guardian Email and Phone

Primary Email Address \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

## Address Information

\*Home Address \_\_\_\_\_ Unit # \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

## Emergency Contact Information

\*Full Name of Emergency Contact #1 \_\_\_\_\_

\*Contact Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name of Emergency Contact #2 \_\_\_\_\_

Contact Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name of Emergency Contact #3 \_\_\_\_\_

Contact Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_