

Child's General Information

Last Name

Birthdate

City of Waterloo OUTDOOR SUMMER EDUCATION



MI

FΡ

FΡ

FP (Waterloo Firemen's Park Pavilion)

Does your child have an Medical Concerns? Example: Allergies or Asthma. If yes, please specify below

136 N. Monroe Street Waterloo, WI 53594

parks@waterloowi.us - (920) 478-3025

Medical Concerns Cont.

Please print clearly. When completed, please return form to the Waterloo Parks Department at the Waterloo Municipal Building.

First Name

	Child's Doctor Name		Doctor's Clinic or Hospital Phone Number		
Insurance Carrier & Number			Preferred Hospital		
	In case of emergency, every effort will be made to contac City of Waterloo to call a physician and s		and doctor listed. Failing to contact any of iile continued efforts are made to locate an		
Signature		Relationship to Child		Date	
Parent/Guard	lian Information				
Mother's Last Name or Legal Guardian		Mother's First Name or Legal Guardian		MI	
Home Address (Street Number & Name)		Apt/Suite #	City	State Zip	
E-Mail			Work Phone	Home/Cell Phone	
Father's Last Name or Legal Guardian Father's First			or Legal Guardian MI		
Home Address (Street Number & Name) If Diffenent from Above		Apt/Suite #	City	State Zip	
E-Mail			Work Phone	Home/Cell Phone	
Person Respo	nsible for Child day of events (if o	different than parents	s, such as Grandparent o	or Sitter)	
Last Name		First Name MI		Relationship to Child	
Home Address (Street Number & Name)		Apt/Suite #	City	State Zip	
E-Mail			Work Phone	Work Phone Home/Cell Phone	
Event Dates -	Topics - Age Group Times (Age G	roups based on Grad	e entering for 2017-201	8 school year)	
	e Level Time Slots*** 1st-4th Gra		_	1:00 am - 12:30 pm	
Date Topic		Grade Level	Location of Event	Attending	
June 9th	Outdoor Exploration/Basic Wildlife			WRT	
June 23rd	23rd Birds			WRT	
July 7th	Insects			WRT	
July 21st	Mammals			WRT	

August 4th

August 18th

Amphibians and Reptiles

Water/Fish

***Locations: WRT (Waterloo Regional Trailhead)