

# HOUSEHOLD INFORMATION FORM

**In order to Register Online, you must have a current Household Registration Form on file.**

Please complete ALL OF THE INFORMATION below and return this Household Information Form with proof of residency (copy of driver's license, utility bill, or property tax bill) at least 5 days prior to registration to Maine Park Leisure Center at 2701 West Sibley Avenue, Park Ridge, IL 60068 or fax to 847-692-6949.

**Primary Contact for Household:** (please print)

Proof of Residency  D  U  P

Household Name \_\_\_\_\_

Address \_\_\_\_\_

Apt # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Household E-mail \_\_\_\_\_

*(The Park District will keep your e-mail address confidential. This information may be used for e-mail updates.)*

**Household Members at Above Address:** *(please list any Americans With Disabilities accommodations)*

Last Name	First Name	Birth Date	School	Gender
<b>1</b> _____ Home phone: _____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
<b>2</b> _____ Home phone: _____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
<b>3</b> _____ Home phone: _____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
<b>4</b> _____ Home phone: _____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
<b>5</b> _____ Home phone: _____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
<b>6</b> _____ Home phone: _____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F

**Emergency Contact Information:** (alternate to primary)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_