## **Kids Club Enrollment Information**

## **Child's Information**

Name	Start Date
Address	
School	
Birth Date	
Special Medical Needs or Medications _	
Parent/Guardian Information	
Parent/Guardian	Relationship
Employer Name	Work Phone #
Home Phone #	
Parent/Guardian	Relationship
Employer Name	Work Phone #
Home Phone #	Cell Phone #
	ergency Contacts (other than parent/guardian)
<del></del>	D. required at time of pick up.
NameHome #	
Employer	Work Phone #
Name	Relationship
Home Phone #	
Employer	W 1 D1 #

## Kids Club Enrollment Signature Page

and policies.	irotiment material	ls and a Kids Club P	игет пипадоок ап	a agree to avide	oy an rutes	
Parent/Guardian Signature			Date			
In the event I cam	not be reached, I g	give Kids Club staff p	permission to seek n	nedical attentior	n for my child	
and/or be transpo	rted by medical p	ersonnel to the neare	est medical facility.			
Parent/Guardian Signature			Date			
I understand that	all monthly paym	ents are due in full to	Kids Club, P.O. B	ox 386, 600 Sou	ıth Hustis	
		r near the 15 <sup>th</sup> each n				
enrollment, \$30 p			6	1 /	v	
Parent/Guardian Signature			Date			
photographs may	be used for local	photographed and/or promotional purpose	es.	eate		
I give Kids Club p	personnel permiss	ion to speak with sch	ool personnel rega	rding my child.		
Parent/Guardian Signature						
	My child's	schedule will be: (P	lease circle all that	apply.)		
Monday	Tuesday	Wednesday	Thursday	Friday		
PM	PM	PM	PM	PM	Pick Up Tim	
			<u> </u>			
My child/ren wil	l start attending	Kids Club on (date)			·	
Kids Club operate	es from 11:00-6:0	00PM every school d	ay.			
All completed en	rollment forms.	2 photos, and a com	pleted emergency	card must be i	eturned,	

along with the registration fee, prior to your child attending.