

KIDS CLUB 2018-2019 ENROLLMENT FORM

CHILD'S NAME _____ GRADE _____ TEACHER _____ DOB _____

CHILD'S NAME _____ GRADE _____ TEACHER _____ DOB _____

CHILD'S NAME _____ GRADE _____ TEACHER _____ DOB _____

MOTHER'S NAME _____ ADDRESS _____

PRIMARY PHONE _____ EMAIL _____

FATHER'S NAME _____ ADDRESS _____

PRIMARY PHONE _____ EMAIL _____

EMERGENCY CONTACT #1 _____ PHONE _____

EMERGENCY CONTACT #2 _____ PHONE _____

EMERGENCY CONTACT #3 _____ PHONE _____

BESIDES WHO IS ON YOUR EMERGENCY CONTACT LIST PLEASE LIST ANY **AUTHORIZED** PEOPLE TO PICK UP YOUR CHILD/CHILDREN _____

PLEASE LIST ANY PEOPLE **NOT AUTHORIZED** TO PICK UP YOUR CHILD/CHILDREN _____

PLEASE LIST ANY OF THE FOLLOWING TO HELP US BETTER UNDERSTAND YOUR CHILD/CHILDREN.

PHYSICAL OR EDUCATIONAL DISABILITIES _____

ALLERGIES _____

DISORDERS (EX: ASTHMA, SEIZURES, DIABETES, ETC.) _____

IF THERE IS ANY OTHER INFORMATION PLEASE LIST HERE _____

* I HEARBY GIVE MY PERMISSION TO THE STAFF OF KIDS CLUB TO SECURE MEDICAL HELP, INCLUDING THE SERVICES OF AN AMBULANCE AND/OR EMERGENCY ROOM. IN THE EVENT OF AN EMERGENCY. I AGREE TO PAY ALL COSTS AND FEES CONTINGENT ON ANY MEDICAL CARE AND/OR TREATMENT FOR MY CHILD AS SECURED OR AUTHORIZED UNDER THIS CONSENT.

*I GIVE MY CONSENT FOR PHOTOGRAPHING OF MY CHILD/CHILDREN BY THE NEWS MEDIA AND KIDS CLUB STAFF.

*I GIVE MY CONSENT FOR MY CHILD TO TAKE PART IN SUPERVISED ACTIVITIES OFF SCHOOL GROUNDS(EX. CITY PARK, LIBRARY, BOWLING ALLEY, DAIRY QUEEN, AND ANY OTHER PLACES WITHIN WALKING DISTANCE).

*I GIVE MY CONSENT TO THE EXCHANGE OF INFORMATION BETWEEN ISD#1 AND KIDS CLUB STAFF WHENEVER IT WOULD BE BENEFICIAL TO MY CHILD/CHILDREN.

SIGNATURE: _____ DATE: _____

