

KIDS CLUB 2018-19 REGISTRATION FORM

Before _____ After _____ Before & After _____

Child's Name _____ Birthdate _____ Grade _____

Address _____
City
State
Zip

Father (Guardian) _____ Mother (Guardian) _____

Address _____ Address _____

City,State,Zip _____ City,State,Zip _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

E-Mail _____ E-Mail _____

PICK-UP LIST AND EMERGENCY CONTACTS

(INCLUDING PARENTS)

NAME	RELATIONSHIP	PHONE NUMBER

I AUTHORIZE ONLY THE PEOPLE WRITTEN ABOVE TO PICK-UP MY CHILD/CHILDREN

Signature _____

Date _____

Please provide below any other information or accommodations necessary to assist your child's participation in Kids Club. _____

MEDICAL INFORMATION

Child's Doctor's Name _____ Phone Number _____

Allergies to Medication _____

Other Allergies _____

I give the Kids Club program permission to call 911 in the case of a sudden illness or accident.

Signature _____

Date _____



Arbor Park School District 145 Extended Day Program

KIDS CLUB

KIDS CLUB PARENT AGREEMENT

CHILD'S NAME _____

1. I agree to call Kids Club on days when my child will not be in attendance due to illness, after school activities, vacations, etc. I understand that my child may not opt in and out of District Transportation Services.
2. I will provide two weeks' notice when taking my child out of Kids Club.
3. I understand that Kids Club reserves the right to terminate service when appropriate.
4. I understand my child must be fever free for 24 hours after an illness to return both to school and to Kids Club. A physician's note will be required after an absence of 3 days due to illness.
5. I understand that payment is due either weekly or monthly whichever option I elect. If I am paying weekly, payment is due by Tuesdays of each week. If I elect monthly payments, payment is due by the end of the first week of the month.
6. Permission to watch movies
 My child has my permission to view movies rated G.
 My child has my permission to view movies rated PG.

Parent/Guardian Signature

Date

