

Kids Club Enrollment and Health Form

Student ID No: _____ Starting Date _____
Child's Name: _____ School: _____
Parents/Guardian: _____
Child's Home Address: _____
Billing Address (if different) _____
Home Phone: _____ Mother's Work Phone: _____ Father's Work Phone: _____
Mother's Cell Phone: _____ Father's Cell Phone: _____
Parent email address: _____
Teacher's Name _____ Grade: _____

Please check attendance:

Please check attendance: Morning: 7:00 A.M. - Beginning of regular school day

Monday Tuesday Wednesday Thursday Friday

Please check attendance: Afternoon- From regular day dismissal to 6:30 P.M

Monday Tuesday Wednesday Thursday Friday

Remember there are special fees for parent - teacher conference days, late starts, early dismissals, and late pick ups.

Additional Comments: _____

Parent Signature: _____ Date: _____

Health Statement

I attest to the fact that my child is in good health and that there are no changes in his/her physical condition after receiving a physical on:

Month/Year _____

He/She is physically able to participate in the activities involved in the Kids Club Program and is free from any illness or communicable disease at this time. His/Her specific limitations include (if none, type "none"):

Should any of the above conditions change, I will promptly notify the Kids Club coordinator and staff.

Any other allergies or health problems (if none, type "none"):

Parent / Guardian Signature: _____ Date: _____

Kids Club Director Signature: _____ Date: _____