

Today's Date _____

Circle one:

SUMMER

SCHOOL YEAR

JUMPSTART

R	SW	PT	FT	BUS
Date Rec'd				
Rc'd By				
CK \$				
CK#				

Kid's Club Kids Registration

Name of Child: _____

Age: _____

Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Birthdate _____

Today's Date _____

Grade _____

Teacher _____

Mother: _____

Father: _____

Address: _____

Address: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Cell #: _____

Cell #: _____

***For emergency reasons we must have a number that you can be reached at within 15 minutes.**

Employer _____

Employer _____

Wk # _____

Wk # _____

My child will attend:

	AM	M	T	W	TH	F
	PM	M	T	W	TH	F

My child(ren) _____ has permission to walk home from Kids Club Kids.

I understand that once he/she has checked out and left the building KCK is not responsible for their safety

My child may leave at _____(time)

Signature: _____

Date: _____

I understand the handbook is on the website www.kidsclub.org and it is my responsibility

to read it.

Signature: _____

Date: _____

I am responsible for the hours of attendance of my child and the schedule I have committed to

Signature: _____

Date: _____

I give KCK staff permission to discuss my child with Spearfish School District staff in the best interest of

my child.

Signature: _____

Date: _____

LIST ANY ADDITIONAL INFORMATION THAT WOULD ALLOW US TO BETTER CARE FOR YOUR CHILD:

Persons to be called in an emergency (in the event you cannot be reached):

Name: _____ Phone #: _____

Persons (other than parent/guardian) allowed to pick up your child(ren):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List anyone who may **NEVER** pick up your child:

Name: _____ Relationship: _____

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Medical Information

Doctor's Name _____ **Phone #** _____

Child's Allergies _____

Insurance Company _____

Group Number _____ ID Number _____

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Accidental Injury Release

- I, _____, give my permission to Kid's Club Kids to sign for emergency medical treatment for my child(ren) _____ in the event I can not be reached. In case of an emergency, please give my child immediate treatment while I am being contacted.
- I, _____, the parent or guardian, take full responsibility for the payment of treatment, or hospitalization for my children. Any further treatment and/or hospitalization in the future years will be my responsibility.

Signed this _____ day of _____, 20_____

Parent or Guardian _____

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RELEASE TO VIDEO AND PHOTOGRAPH

- Periodically Kid's Club will have activities which involve photographing and videotaping the children. **We must have your permission to do this.** We may, from time to time, publish photos in the newspapers.

My child: _____ MAY MAY NOT
be photographed or videotaped at Kid's Club Kids for display or publication.

Signature _____ Date _____

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Please list any special needs your child may have, or information you feel will help us give your child the best possible care. Thanks!
