Registration Form

Today's Date:

Check the box that applies: (may check both)

Summer ☐ School Year ☐

Name of Child:_____ Grade (currently going in to):_____

Gender:_____ Teacher:_____

Birthdate/Age:_____

Mother:_____ Father:_____

Address:_____ Address:_____

Email:_____ Email:_____

Phone:_____ Phone:_____

Cell #:_____ Cell #:_____

Employer:_____ Employer:_____

Employer Phone:_____ Employer Phone:_____

My child will attend: AM M ☐ T ☐ W ☐ TH ☐ F ☐

PM M ☐ T ☐ W ☐ TH ☐ F ☐

Emergency Contact

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:_____

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_____

Don't forget the backside!

Medical Information

Doctor's Name_____Phone #_____
Child's Allergies _____
_____
Insurance Company_____
Group Number_____ ID Number_____

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_____

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 resposibility to read it.
Signature:
Date:
I am responsible for the hours of attendance of my child and the schedule I have committed to, as well as reporting absences.
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:

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