KIDS KLUB REGISTRATION FORM

Child's First Day:_____	Date Registration Fee Paid _____Check/Cash/ACH

School Year	School		❑ New Participant
Today's Date	Parent's Email Address		
CHILD INFORMATION			
Last Name:	First:		❑ M ❑ F
Address	City	Age	Grade
Birthdate	Child Lives With		
Physical Challenges? ❑ Sight ❑ Hearing ❑ Speech ❑ Allergies ❑ Health ❑ Other _____			
Pertinent Details			
Special Medications? ❑ Yes ❑ No If yes, explain:			
Discipline Suggestion			
Favorite Activities			
Other Important Info			
PARENT / GUARDIAN INFORMATION			
(1) Parent/Guardian Name			Phone
Address			Cell Phone
Employer	Hours		Work Phone
(2) Parent/Guardian Name			Phone
Address			Cell Phone
Employer	Hours		Work Phone
SAFEWORD *(share this word only with adults allowed to pick up your child)*			
SIBLING INFORMATION			
Name / Age	Name / Age		
Name / Age	Name / Age		
PERSONS ALLOWED TO PICK UP CHILD *(In addition to #1 Parent/Guardian)*			
Name			Phone
Name			Phone
Name			Phone
Name			Phone
EMERGENCY INFORMATION			
Emergency Contact			Phone
Family Doctor Name			
Doctor Address			Doctor Phone
Family Dentist Name			
Dentist Address			Dentist Phone
Does your child have medicine allergies?	❑ No ❑ Yes		If yes, what
In the event I/we cannot be reached, I hereby permit Child Care Network d/b/a Kids Klub to authorize treatment ❑ No ❑ Yes			
PARENT / GUARDIAN ATTESTATION			
My signature indicates the information above is true and accurate; and, I will provide updates and changes in a timely manner.			
Signature			