

Wednesday evenings | 6:00-7:00 PM | Ages 12 & under

Complete one form per child

1 CHILD INFORMATION

Child full name

Name child goes by (optional)

Date of birth (MM/DD/YYYY)

Age

School grade (optional)

2 PARENT OR LEGAL GUARDIAN

Parent/guardian full name

Relationship to child

Best phone number

Email (optional)

3 EMERGENCY CONTACT - OTHER THAN ABOVE

Full name

Relationship

Phone number

4 ALLERGIES & CARE INFORMATION☐ No known allergies☐ Allergies / restrictions (explain below)

Food/other allergies, reactions, restrictions or emergency instructions

Other medical needs, emergency medicine or accommodations (optional)

5 AUTHORIZED PICKUP

Besides the parent/guardian listed above, these adults may pick up this child:

Authorized adult 1 - full name

Phone number

Authorized adult 2 - full name (optional)

Phone number

6 PARENT/GUARDIAN PERMISSION

I am this child's parent/legal guardian and give permission for my child to attend Kids Club. I understand that food and activities are provided. Leaders may contact me or the emergency contact listed above and call 911 if urgent medical help is needed. I will report changes to this information.

Parent/guardian signature (sign after printing)

Date