

KIDS CLUB

Registration / Emergency Information

FAMILY NAME _____

Students attending Kids Club _____ Grade _____

_____ Grade _____

_____ Grade _____

Father: _____ Mother: _____

Employer: _____

Employer _____

Work Tel # _____

Work Tel # _____

Cell # _____

Cell # _____

The following people are authorized to pick the children up at Kids Club

These people can also be contacted in the event of an emergency and the parent/guardian cannot be reached.

1. _____ Tel # _____

2. _____ Tel # _____

3. _____ Tel # _____

4. _____ Tel# _____

My child/children will be attending Kids Club on the following days:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

My children will be picked up at _____ o'clock

I understand that payment is due weekly in the form of a check, payable to ICS.

Please send in the \$10.00 Family Registration Fee when you send in this Registration Form.

Please make us aware of any health issues/concerns about your child/children (Use the reverse side of this form)

Parent/Guardian Signature _____

Date _____