

St. Charles Kid's Club Extended Care 2017/2018 Registration

Last updated on 6/30/17

Child's Name(s) _____ Grade(s) _____
Address _____ Birth Date _____
_____ Phone _____

Program(s) registering for:

_____ K-8th A.M. _____ Preschool A.M. _____ Pre-8th P.M.
6:45 - 8:00 A.M. 6:45 - 8:50 A.M. 3:10 - 6:00 P.M.

Child lives with _____ Both Parents _____ Mother _____ Father _____ Other _____

Mother's Name _____

Primary phone _____ Cell phone _____ email _____

Mother's Place of Employment _____

Address of Employment _____

Father's Name _____

Primary Phone _____ Cell Phone _____ email _____

Father's Place of Employment _____

Address of Employment _____

Please list the name, address, phone number, and relationship of anyone we can contact and who has permission to pick up your child from Before or After School Care in the event of an emergency.

Name _____

Address _____ Daytime Phone _____
Relationship _____

Name _____

Address _____ Daytime Phone _____
Relationship _____

Please state any information (health, custodial arrangements, etc.) that would help us insure your child's safety and well being.

Emergency Information:

Doctor's Name _____

Address _____ Phone _____

Medical Insurance Company and # _____

I (We) hereby give permission to St. Charles Extended Care to obtain the services of the closest available physician or hospital should my child _____ suffer illness or accident.

(Full Name)

Signature of Parent/Guardian _____