

# KIDS KLUB ENROLLMENT FORM 2009-2010

Parent(s) Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ e-Mail Address \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

## CHILDREN TO BE ENROLLED IN KIDS KLUB

Child 1 \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Child 2 \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Child 3 \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Child 4 \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Date child/ren will begin attending Kids Klub \_\_\_\_\_

Will your child/ren be requiring morning care?  Yes  No

Will your child/ren be requiring after school care?  Yes  No

Will your child/ren be attending on minimum days?  Yes  No

What hours will your child/ren be attending Kids Klub? \_\_\_\_\_

What days of the week will your child/ren be attending Kids Klub? \_\_\_\_\_

Is there anything you would like the Kids Klub staff to know about your child/ren?

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_