

KIDS KLUB ENROLLMENT FORM 2008-2009

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?

Parent Signature _____ Date _____