CHILD CARE NETWORK, INC.

KIDS KLUB REGISTRATION FORM

School Year	**School**	❑ **New Participant**
Today's Date	**Parent's Email Address**	

CHILD INFORMATION

Last Name:	**First:**		❑ **M** ❑ **F**
Address	**City**	**Age**	**Grade**
Birthdate	**Child Lives With**		

Physical Challenges? ❑ **Sight** ❑ **Hearing** ❑ **Speech** ❑ **Allergies** ❑ **Health** ❑ **Other** _____

Pertinent Details

Special Medications? ❑ **Yes** ❑ **No** **If yes, explain:**

Discipline Suggestion

Favorite Activities

Other Important Info

PARENT / GUARDIAN INFORMATION

(1) Parent/Guardian Name		**Phone**
Address		**Cell Phone**
Employer	**Hours**	**Work Phone**
(2) Parent/Guardian Name		**Phone**
Address		**Cell Phone**
Employer	**Hours**	**Work Phone**

SAFEWORD *(share this word only with adults allowed to pick up your child)*

SIBLING INFORMATION

Name / Age	**Name / Age**
Name / Age	**Name / Age**

PERSONS AUTHORIZED TO PICK UP CHILD *(In addition to #1 Parent/Guardian)*

Name	**Phone**
Name	**Phone**
Name	**Phone**
Name	**Phone**

EMERGENCY INFORMATION

Emergency Contact		**Phone**
Family Doctor Name		
Doctor Address		**Doctor Phone**
Family Dentist Name		
Dentist Address		**Dentist Phone**
Does your child have medicine allergies?	❑ **No** ❑ **Yes**	**If yes, what**

In the event I/we cannot be reached, I hereby permit Child Care Network d/b/a Kids Klub to authorize treatment ❑ **No** ❑ **Yes**

PARENT / GUARDIAN ATTESTATION

My signature indicates the information above is true and accurate; and, I agree to provide updates and changes in a timely manner.

Signature