Kidz Club La Madrona
2017/2018 Registration Form

Non Member/Guest_____Member number:_____

Childs Name:_____

Parent/Guardian Name _____

Parent/Guardian Name _____

Birth Date_____ Age _____ Grade_____ Male/Female

Address_____

City_____ State_____ Zip Code_____

Cell Phone Parent 1: _____

Cell Phone Parent 2: _____

Email:_____

To help ensure your child's comfort, does he/she have any allergies, physical, emotional or mental conditions in which we can accommodate?

_____

_____

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One parent must be onsite at all times. In case of an emergency we will contact the above numbers first. Please list 1 alternate emergency contact.

Name_____Relationship_____

Phone #:_____Cell #_____

Family Physician Name:_____ Phone#:_____

Parent Signature_____ Date_____

Kidz Club La Madrona

Enrollment Policies

Upon enrollment to Kidz Club La Madrona I agree to the following:

☐   I agree to adhere to the wellness policy.

☐   To not send my child to Kidz Club La Madrona if he/she has been exposed to any communicable disease or shows any symptoms of illness.

☐   To keep all forms updated with current contact and emergency information.

☐   Infants/Toddlers- To drop my child off at KCLM in a dry diaper and to be on call at all times to come to KCLM and change a soiled diaper.

Parent Signature_____Date_____

Director Signature_____ Date_____

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