

Kidz Club La Madrona ~ Premium Care

2018 Registration

Please complete one application per child. Both front and back of Registration Form.

Member number: _____

Program Days: Monday/Wednesday/Friday

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?

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 _____

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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 stay onsite at La Madrona Athletic Club and to pick up my child on time.

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

Parent Signature _____ Date _____

Director Signature _____ Date _____

