

2017-2018 Enrollment Application

Please complete application and return it to the office with a \$25.00 non-refundable annual registration fee. For current students the registration fee is waived.

Club Operation Hours: 12:00pm-5:00pm, Monday through Friday Club serves ages 2-6 years

Child Information					
Last Name	_First	Middle Initial Gender M Male /Female Birthdate//			
Child's Address	City	Zip			
		# School			
Primary Phone	Primary Email	Ex. (204)			
Parent/Guardian Information					
Home Phone (Land line) _		(if applicable)			
Father/Guardian Name					
Father's Email:					
Address (if different from child)					
Father's Employer		Occupation:			
Work Address		Work Phone			
Mother/Guardian Name		Cell#			
Mother's Email: _					
Address (if different from child)					
Mother's Employer		Occupation:			
Work Address	Work Phone				

HEALTH INFORMATION

Please list food restrictions:					
Please list other allergies/restrictions:					
Child's Physician's Name	P	Phone			
Address	City	Zip			
Child's Dentist's Name	P	Phone			
Address	City	Zip			
Ŋ	MEDICAL AUTHORIZATION	N			
I hereby grant Just For KIDS Club permission care for my child. I understand that Just For persons authorized to be contacted in an emerical legal and seek medical attention from an acchild until a parent arrives. I do hereby agree to by such an emergency.	KIDS will first make an attempt to gency, but if they are unavailable, I vailable physician or ambulance per	contact a parent, guardian, physician, or other grant permission to Just For KIDS Club to sonnel. A staff member will accompany the			
Parent/Guardian SignatureDate					
(B) Be photographed or vi (C) Use photograph for ad (D) Use photograph on the (E) Use photograph on the (F) Be given first aid treat (G) Be given prescribed m instructions from a phy	am activities including the use of ideotaped during daily program a livertising (No names used) the Just For Kids Website (No names Just For Kids Facebook pagement for minor cuts, scrapes, but the parent for minor cuts and the parent for minor cuts are a log will be kept of administration.	indoor and outdoor equipment activities nes used) mps, or bloody nose at as directed by written inistered medications)			
Parent/Guardian Signature		Date			
V.V. 1	HANDBOOK				
I/We hereby acknowledge the they are stated in the Just For KIDS Clu		nd agree to the Kids' Club policies as			
Parent/Guardian Signature		Date			

In case of an EMERGENCY- CONTACT:

1) Name _		Relationship		Phone	
	Add	ress	City		
2) Name _		Relationship		Phone	
	Add	ress	City		
	The foll	AUTHORIZED PERSO lowing people have my permission to			
I	Parent/Guardi	an Signature		Date	
Just For KII a parent or gu		der NO circumstances release a child to anyo	one not listed below or k	known to staff without written consent fro	m
1) Name _		Relationship		Phone	
	Address _		City		
2) Name _		Relationship		Phone	_
3) Name _	Address	Relationship	City	Phone	
4) Name _		Relationship		Phone	_
			•		
		Blocks of time purchased in h	ours Cost	t	
		10 hours	\$80		
		25 hours	\$185		

\$350

50 hours