

KIDS' CLUB Enrollment Form 2019-2020

\*One enrollment form per child

Child Name \_\_\_\_\_

Age: \_\_\_\_\_ 2019-20 Grade \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Cell/Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Cell/Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email Address \_\_\_\_\_

REQUESTED START DATE: \_\_\_\_\_

I will pay tuition: \_\_\_ Weekly -OR- \_\_\_ Every 2 Weeks

**REGULARLY SCHEDULED ATTENDANCE**

Students may be registered for 1, 2, 3, 4 or 5 days per week.

Please indicate the sessions for your child to attend:

AM:  Monday  Tuesday  Wed.  Thursday  Friday

PM:  Monday  Tuesday  Wed.  Thursday  Friday

**"DROP IN" Occasional Use Only:** Occasional sessions are allowed if space is available and a 24-hour notice is given (\$1.00 extra per session, per child)

Check box: "Occasional Use / DROP IN ONLY" option  
\*\*\*\*\*

My child, NAMED ABOVE, is in good health, free from communicable disease, has current immunizations OR waiver on file with the school office and able to participate in all Kids' Club Program activities. I understand that if there is a question about my child's health, I will be requested to pick them up immediately. I also understand that a doctor's release may be requested before they are readmitted to the Kid's Club Program. I have read and agree to follow the stated Kids' Club Policies & Procedures during the time my child is enrolled in the Kids' Club Program.

List any activity restrictions: \_\_\_\_\_  None

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

The non-refundable \$50.00 deposit must accompany this enrollment form (additional child non-refundable \$25.00 deposit) Please make all checks payable to "Elk Rapids Schools"

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