

KIDS' CLUB Enrollment Form 2018-19

*Please use one enrollment form per child

Child's Name _____

Birth Date ___/___/___ 2018-19 Grade _____

Address _____

City/Zip _____

Mother's Contact phone _____

Mother's work phone _____

Father's Contact phone _____

Father's work phone _____

Email Address _____

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 day you wish your child to be enrolled for:

AM: ___ Monday ___ Tuesday ___ Wed. ___ Thursday ___ Friday

PM: ___ Monday ___ Tuesday ___ Wed. ___ Thursday ___ Friday

REQUESTED START DATE: _____

Occasional Use Only Extra days are allowed if space is available and a 24-hour notice is given (**\$1.00 extra**)

"Occasional/DROP IN" option: Please check if applicable

My child, _____, 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.

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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