



KidZone Registration Form 2016/2017

Name of Parent/Guardian: _____

Name of Child/Children: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Days of Attendance: Monday - Tuesday - Wednesday - Thursday - Friday

Registration Fee: \$25.00 per family
Cost: \$3.00 per hour per child (prorated)

Received: _____

Phone Number(s):

Mother's - Home: _____ Cell: _____ Work: _____

Father's - Home: _____ Cell: _____ Work: _____

Relative's -Home: _____ Cell: _____ Work: _____

Food Allergies:

Medical Conditions:

Generally, _____ will pick up my child/children from KidZone.
If for some reason it is necessary for someone else to do this, the following people are authorized to act on my behalf.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Parent: _____ Date: _____

Authorization for Persons other than Parent to Pick-up Child/Children

Generally, I will pick up my child/children from KidZone. If for some reason it is necessary for someone else to do this, the following people are authorized to act on my behalf:

<u>NUMBER</u>	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* * * * *

Anyone Who is NOT PERMITTED to pick-up Child/Children

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If this is a legal matter, a copy of the most recent court order is required to be on file in the office.)

Acceptance of Responsibility and Acknowledgement of Information

I hereby accept the responsibility of paying the stated fees for my child/children and state that the information submitted is correct and current.

Parent Signature: _____ Date: _____