

Kid's Club  
REGISTRATION FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Business Number \_\_\_\_\_ Ext. \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Permission to use your child's picture in promotional material:

Yes \_\_\_\_\_ NO \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Allergies to food or animals? \_\_\_\_\_

Carries Epi pen: Yes \_\_\_ No \_\_\_

Does another adult have permission to pick up your child?

\_\_\_\_\_

Does your child have permission to walk home?

\_\_\_\_\_