

Registration date: _____ Date of Admission: _____ Date of Discharge: _____

→ \$50.00 Registration

REGISTRATION FORM-CONNIE'S CLUB

Early Bird Club, Kinder Club, Lunch Bunch, After School Club, Holiday/Summer Camp
(A 2-week notice is required prior to withdrawal from Clubs)

Name: _____ DOB: _____ Age: _____ Grade: _____

Early Birds	7:00am - 8:15	___ # of Days per week	M	T	W	TH	F
PM Club	11:00 - 2:30	___ # of Days per week	M	T	W	TH	F
Lunch Bunch	11:00 - 12:30	___ # of Days per week	M	T	W	TH	F
After School Club	2:30 - 5:30pm	___ # of Days per week	M	T	W	TH	F
Holiday /Summer Camp	(circle one)	Interested	Not Interested				

E-Mail Address _____

Arrival/Departure Information: Car Rider Walker
 Buser: I GIVE PERMISSION FOR _____ TO RIDE THE BUS,
SIGNED: _____

Mother/Female Guardian information: [Please Print Clearly] Marital status _____

Name: _____ Home Phone: _____
Home Address: _____
City/State/Zip Code: _____
Employer: _____ Business Phone: _____
Business Address: _____ Work hours: _____
City/State/Zip Code: _____

Father/Male Guardian Information: [Please Print Clearly] Marital status _____

Name: _____ Home Phone: _____
Home Address: _____
City/State/Zip Code: _____
Employer: _____ Business Phone: _____
Business Address: _____ Work hours: _____
City/State/Zip Code: _____

Doctor Information:

Doctor Name: _____ Office Phone: _____
Address: _____
City/State/Zip Code: _____
Name of Parent Insurance Co.: _____
Contract No.: _____ Group No.: _____

I give permission for my child to receive medical treatment.

Guardian Signature: _____

If Unavailable, Another Licensed Physician May Treat My Child? Yes ___ No ___

Emergency Contact:

[To be called in Emergency (within 20 min. of call)/Authorized to remove Child]

Name: _____	Name: _____
Relation to Child: _____	Relation to Child: _____
Address: _____	Address: _____
City/State/Zip Code: _____	City/State/Zip Code: _____
Phone: _____	Phone: _____

Guardian Signature: _____

(please feel free to use backside if necessary)

Authorized People to Pick up: (include address & phone #) _____

Information regarding child's individual Development history, diet, habits, medical needs etc.: _____

2008-2009