

KIDS CONNECTION LTD L4370

REGISTRATION September 2012 - June 2013

After School _____ Before & After School _____ Full Days _____

School _____ Teacher's Name _____

Child's **Full** Name _____

Date of Birth _____ Age _____ Grade _____
Month Day Year

Child's Address _____

Postal Code _____

Mom's Name _____ Place Of Employment _____

Home# _____ Work# _____ Cell# _____

Dad's Name _____ Place of Employment _____

Home# _____ Work# _____ Cell# _____

Mom email _____ Dad email _____

Contact Person & Phone _____

Medical/Physical Conditions, allergies: _____

Health # _____

Doctor's Name _____ Phone # _____

I give permission for the following people that I have listed to pick up my child from Kids Connection if I am unable to do so:

If subsidized, parent share amount, to be paid to the center on the first of the month \$ _____

Emergency Medical Consent: I hereby give permission for the Supervisor and staff of Kids Connection to act on my behalf in obtaining and/or authorizing medical treatment, if an emergency arises and I cannot be contacted by telephone. I understand that any treatment would be on the advice of a qualified medical doctor.

Payment due the first week of each month

Dated _____ Signature _____