



**Sacred Heart Catholic School  
Kids Club Application 2017-2018**



Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

**Parent/Guardian Names:**

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Child Resides With: \_\_\_\_\_

**On what basis will your child attend:**

\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary

**If Part Time**, please circle the days of the week you need services:

Monday Tuesday Wednesday Thursday Friday

Please check the time frame your child (K-8) will attend:

2:10-4:00 (\$8.50)

2:10-5:00 (\$12.50)

2:10-5:45 (\$15.50)

2:10-4:00 p.m. \$7.00 **4/5 Pre-K only**

2:10-5:45 p.m. \$10.00 **4/5 Pre-K only**

# Emergency Pick-Up Form

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Please list any individual who may pick up your child in the event of an emergency. Your child will not be allowed to be picked up by anyone who is not listed here unless prior arrangements have been made and a driver's license is available for staff.**

- |                |                 |
|----------------|-----------------|
| 1. Name: _____ | Relation: _____ |
| 2. Name: _____ | Relation: _____ |
| 3. Name: _____ | Relation: _____ |

**Emergency Contacts:** Emergency contacts must be able to drive and pick up in case of emergency.

- |                |             |
|----------------|-------------|
| 1. Name: _____ | Phone _____ |
|                | Phone _____ |
| 2. Name: _____ | Phone _____ |
|                | Phone _____ |
| 3. Name: _____ | Phone _____ |
|                | Phone _____ |

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Additional Information:

---

---

---

Allergies:

---

---

---