



**Sacred Heart Catholic School
Kids Club Application 2018-2019**



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 (Pre-K thru 8th grade) will attend:

2:10-4:00 (\$8.00)

2:10-5:00 (\$12.00)

2:10-5:45 (\$15.00)

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 _____

Custody: Is there anyone that is NOT allowed to pick up your child? Yes _____

Note: Custody paperwork must be on file in the school office.

Name: _____

Additional Information:

Allergies:
