



**Kids Club Application  
2025-2026  
2:10 – 5:30 pm**



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

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: \_\_\_\_\_

Are there any parent custody issues we need to be aware of? \_\_\_\_Yes \_\_\_\_No  
(Legal paper work must be submitted to the school office if checked "yes")

**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 8<sup>th</sup> grade) will attend:

☐ 2:10-4:15 pm (\$11.00)

☐ 2:10-5:30 pm (\$17.00)

## 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: \_\_\_\_\_

Any Additional Information for Kids Club Staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_