



# Whitmore Lake Public Schools

## Kids Club

### Registration/Emergency Form

#### Child Information

Child's First Name:			
Child's Last Name:			
Male or Female:			
Date of Birth:		Enrollment Date:	
School:		Leave Date:	
Grade:		Teacher	

#### Parent Information

	Custodial Parent/Guardian	Parent/Guardian 2
First Name:		
Last Name:		
Address:		
City/State/Zip:		
Home Phone #:		
Employer:		
Employer Address:		
City/State/Zip:		
Work Phone #:		
Cell/Pager #:		
Email Address:		

(Emergency/Health Information on back)

### Emergency Information

	Local Contact (other than parent)	Local Contact 2 (other than parent)
Name:		
Address:		
City/State/Zip:		
Home Phone #:		
Work Phone #:		

	Name (other than parent)	Phone #
Authorized Pickup 1:		
Authorized Pickup 1:		
Authorized Pickup 1:		

**Non-Authorized Pick Up:**

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### Health Information

Dr. Name:		Dr. Phone:
Dr. Address:		Insurance Co:
Hospital:		Policy#:
Last Tetanus:		Medications:
Allergies/Special Needs:		

**Does your child have special needs that require additional attention? \_\_\_ Yes \_\_\_ No**

**If yes, briefly explain** \_\_\_\_\_

**My child is in good health**                       **My child has been immunized and the records are on file at school**

**My child does not have medical problems**     **My child does not have any restriction in activity**

**My child has the following restrictions in physical activity:** \_\_\_\_\_

**My child takes** \_\_\_\_\_ **Medication daily.**

**I received information about program procedures, tuition payment schedule, and billing procedures.**

**I give permission to Whitmore Lake Public Schools Kids Club Program, Licensed by the State of Michigan, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.**

**PARENT/GUARDIAN**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_