



# KIDS CLUB

AFTER SCHOOL CLUB 2017-2018

*\*Please fill out one form for EACH child attending*

*\*Children MUST be in kindergarten-6<sup>th</sup> grade*

## CHILD'S INFORMATION:

First \_\_\_\_\_

Last \_\_\_\_\_

Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Gender:    M    F

School Child Attends \_\_\_\_\_ T-Shirt Size    YS    YM    YL    AS    AM

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CHILD LIVES WITH:**    BOTH PARENTS    MOTHER    FATHER    OTHER \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## PLEASE MARK EACH DAY YOUR CHILD WILL BE ATTENDING.

\_\_\_\_\_ Monday    \_\_\_\_\_ Tuesday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Thursday    \_\_\_\_\_ Friday

*Please note that we have a limited amount of space for each school due to transportation. Children who will attend every day will take precedence.*

## PERSONS TO WHOM CHILD MAY BE RELEASED – OTHER THAN PARENTS

NAME	PHONE NUMBER	RELATIONSHIP TO CHILD

**MOTHER'S NAME/LEGAL GUARDIAN** \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS (if different from camper) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**FATHER'S NAME/LEGAL GUARDIAN** \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS (if different from camper) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSONS – OTHER THAN PARENTS		
NAME	PHONE NUMBER	RELATIONSHIP TO CHILD

NAME OF CHILD'S **PHYSICIAN/MEDICAL CARE PROVIDER** \_\_\_\_\_

MEDICAL CARE PROVIDER PHONE NUMBER \_\_\_\_\_

**INSURANCE** COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**MEDICATION & SPECIAL CONDITIONS** \_\_\_\_\_

I, \_\_\_\_\_, give permission for minor child, \_\_\_\_\_, to participate and engage fully in all Quest Kids Club activities at Quest Kids Club & Family Center. I have provided the above information, take full responsibility for its correctness and understand that I am responsible for providing updates due to any changes. In case of health problem or emergency, I authorize Quest Kids Club to administer First Aid, and where necessary, obtain medical treatment, including transporting to a medical facility for the minor child as needed. And I authorize the release of any records for insurance purposes.

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

We often post photos on our Facebook page (Quest Kids Club & Family Center) and Instagram (@questkidsclub) for parents and other supporters of QKC to see what we are doing at Quest! We also like to use photos of our actual participants on advertisements (flyers, posters, signs, etc.) If you give us permission to use photos of your child in the above manner, please sign and date below,

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*