

# QUEST

## KIDS CLUB

AFTER SCHOOL 2018-2019

### CHILD'S INFORMATION:

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

AGE \_\_\_\_\_ GENDER: M F

GRADE \_\_\_\_\_ SCHOOL CHILD ATTENDS \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

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

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

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

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

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

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

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

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

**PARENT EMAIL ADDRESS** \_\_\_\_\_

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

NAME	PHONE NUMBER(S)	RELATIONSHIP TO CHILD

**EMERGENCY CONTACT PERSONS – OTHER THAN PARENTS**

NAME	PHONE NUMBER(S)	RELATIONSHIP TO CHILD

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

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

**INSURANCE** COMPANY \_\_\_\_\_ POLICY NUMBERS \_\_\_\_\_**\*\*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**AFTER SCHOOL**

*Please mark each day that  
your child will be attending.*

\_\_\_\_\_ **MONDAY**\_\_\_\_\_ **TUESDAY**\_\_\_\_\_ **WEDNESDAY**\_\_\_\_\_ **THURSDAY**\_\_\_\_\_ **FRIDAY**

PLEASE GIVE ANY OTHER FAMILY INFORMATION OR SPECIAL  
CONDITIONS/SITUATIONS THAT ARE IMPORTANT FOR STAFFERS TO  
KNOW IN ORDER TO BEST CARE FOR YOUR CHILD.