



KidZone Registration Form 2019 - 2020

Family Name: _____

Name of Child/Children: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Mother's Name: _____ Home Phone: _____ Cell: _____

Father's Name: _____ Home Phone: _____ Cell: _____

Food Allergies: _____

Medical Conditions: _____

Days of Attendance *please circle*: Monday Tuesday Wednesday Thursday Friday

Cost: \$3.00 per hour per child

Yearly registration fee: \$25.00 per family (due at time of registration)

Fee Received: _____ Date: _____ Payment type: _____

PICKUP INFORMATION

_____ will pick up my child/children from KidZone. If for some reason I am not able to pick my child(ren) up, the following people are authorized to do so.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANYONE NOT PERMITTED TO PICK UP MY CHILD(REN)*

Name	Relationship
_____	_____
_____	_____

**If this is a legal matter, a copy of the most recent court order is required to be on file in the office*

Acceptance of Responsibility and Acknowledgement of Information I hereby accept the responsibility of paying the stated fees for my child(ren) and state that the information submitted above is correct and current.

Parent Signature: _____ Date: _____