Arbor Park School District 145 Extended Day Program

Kids Club 2023-2024 Registration Form

Before	After	Before & After				
			Birthdate		Grade	_
				•	State	•
Address			Address			
City,State,Zip_			City,State,Zip			
Horne/Cell Ph	none		Home/Cell Phone			
Work Phone_			_ Work Phone			
E-Mail			_ E-Mail			
			D EMERGENCY CO			
NAME		RE	LATIONSHIP		PHONE NU	<u>MBER</u>
I AUTHORIZE ON	LY THE PEOPLE W	RITTEN ABOVE TO PICK	-UP MY CHILD/CHILDREN			
Signature				Date		
-		any other informon in Kids Club.	nation or accomm	odations	necessary	to assist
		MEDIC	AL INFORMATION			
Child's Docto	r's Name		· ·	Phone Nu	ımber	
Other Allergie	S		en illness or accident.			
Signature			ALONG INC. CONTRACTOR	Date	Na annual Mallacon and Parish	



CHILD'S NAME _____

DISTRICT 145 EXTENDED DAY PROGRAM

KIDS CLUB

Kids Club Parent Agreement

1.	I agree to call Kids Club on days whe to illness, after school activities, vac	n my child will not be in attendance due
2.	•	hen taking my child out of Kids Club
	following reasons: Abuse of program Non-payment of Kids Club fees. Pa each week or Friday by the end of t payment option is elected. Failure safety and rights of other individual	yment is due weekly by Tuesdays of he first week of the month if monthly of the parent or child to respect the
4.	return to both school and Kids Club.	
5.	I give my child permission to wate My Child has permission to vi	
	Parent/Guardian Signature	 Date