



**SUNSATATIONAL KIDS
SUMMER CLUB**

Kingdom Kids

The Kingdom of Heaven belongs to such as these

DATE: _____ PLEASE COMPLETE AND RETURN.

HOURS: ~~8:30~~ am until 3:00 pm

EXTENDED CARE: Early—7:30 am—8:30 am Late—3:10 pm-5:00 pm

Check the days per week you are registering for: _____ Monday _____ Wednesday

Extended Care: (Please indicate Early, Late or Both in the space provided)

_____ Monday _____ Wednesday

Child Info

Child's Name: _____ Name child prefers to be called: _____
(Last) (First) (Middle)

Gender: _____ Child lives with : Mother _____ Father _____ Both _____

Home Phone: _____ Birthday: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Parent Info

Father's Name: _____ Employer: _____

Daytime Phone: _____ Cell Phone: _____ Email Address: _____

Mother's Name: _____ Employer: _____

Daytime Phone: _____ Cell Phone: _____ Email Address: _____

Family Info

Siblings:		Attending Kingdom Kids?
Name _____	Age _____	Yes or No
Name _____	Age _____	Yes or No
Name _____	Age _____	Yes or No

Party Responsible for Payment of Tuition:

Name: _____ Phone: _____

Two persons who can be reached in case of an emergency (Parents will be called first):

_____ Daytime Phone: _____ Cell Phone: _____

_____ Daytime Phone: _____ Cell Phone: _____

Child may be released to (other than parents):

_____ Phone: _____ Drivers Lic #: _____

_____ Phone: _____ Drivers Lic #: _____

Allergies: _____

Child's Physician: _____ Phone: _____

Does your family attend church? _____ If yes, where? _____

Parent Signature: _____

Please attach a copy of your child's shot record and list any medical information we need.

OFFICE USE ONLY: REG. FEE PAID: _____ DATE: _____ CHECK #: _____ CLASS ASSIGNED: _____
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