



KID CARE PROGRAM REGISTRATION FORM

YEARLY REGISTRATION
\$10.00 *PER CHILD*

Please PRINT

Mother's Name: _____ Mother's Work Phone _____

Cell Phone _____

Father's Name: _____ Father's Work Phone _____

Cell Phone _____

Home Address: _____ Zip Code _____

Home Phone: _____

My child will attend: _____ Morning _____ After school _____ Both

Child's first and last name:	Birthday	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand and promise to comply with the attached guidelines of this program. I am keeping the attached information on this program for reference. I also understand that it is my responsibility to keep **my Emergency information current.**

Parent Signature _____ Date: _____

Office Use Only:

Registration Fee _____ CK # _____ Date _____ ER Form _____