

KIDS' CLUB Enrollment Form 2020-2021

*One enrollment form per child

Child Name _____

Age: _____ 2020-21 Grade _____

Address _____

City/Zip _____

Parent/Guardian Name: _____

Cell/Phone _____ Work phone _____

Email Address _____

REQUESTED START DATE: _____

I will pay tuition: ___ Weekly -OR- ___ Every 2 Weeks
~ Minimum of 2 payments each month ~

REGULARLY SCHEDULED ATTENDANCE

Students may be registered for 1, 2, 3, 4 or 5 days per week.
Please indicate the sessions for your child to attend:

AM: [] Monday [] Tuesday [] Wed. [] Thursday [] Friday

PM: [] Monday [] Tuesday [] Wed. [] Thursday [] Friday

“DROP IN” Occasional Use Only: Occasional sessions
are allowed if space is available and a 24-hour notice is given
(\$1.00 extra per session, per child)

[] Check box: “Occasional Use / DROP IN ONLY” option

My child, [NAMED ABOVE], is in good health, free from
communicable disease, has current immunizations OR waiver on
file with the school office and able to participate in all Kids’
Club Program activities. I understand that if there is a question
about my child’s health, I will be requested to pick them up
immediately. I also understand that a doctor’s release may be
requested before they are readmitted to the Kid’s Club Program.
I have read and agree to follow the stated Kids’ Club Policies &
Procedures during the time my child is enrolled in the Kids’ Club
Program.

List any activity restrictions: _____ [] None

Parent Signature _____ Date: _____

The non-refundable \$50.00 deposit must accompany this
enrollment form (additional child non-refundable \$25.00 deposit)
Please make all checks payable to “Elk Rapids Schools”

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