

KIDKARE REGISTRATION FORM

A.M. ONLY ___ M T W TH F

P.M. ONLY ___ M T W TH F

(Circle days needed)

PICK UP TIME _____

CHILD'S NAME: _____

SCHOOL _____ Age _____ GRADE _____

PARENT'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE _____

BUSINESS PHONE _____ BUSINESS PHONE _____

Please list two family friends or neighbors that your child could go to in case they should become ill or there is an emergency closing at school.

Name: _____ Address: _____ Phone _____

Name: _____ Address: _____ Phone _____

Allergies or special medical needs: _____

Please sign agreement that your child's immunizations form are currently on file with the school and that your child is in good health. I also authorize the staff at Kidkare to seek any emergency medical care if needed and waive, release absolve, indemnify and agree to hold harmless the Buchanan Community Schools and Kidkare staff from any claims arising from injury to my child.

Parents Signature:

_____ Date _____

There is a \$25.00 annual registration fee