



KIDKARE PREREGISTRATION

\$35 Registration Fee due with Preregistration Form

DAYS NEEDED (Check days needed.)

AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M	T	W	TH	F
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M	T	W	TH	F

DATE OF PREREGISTRATION

 / /

Day Details :
(if needed)

PERSONAL INFORMATION

Child's Name :

School : Grade : Age :

Home Address :

Parent/Guardian Name : Cell Phone :

Parent/Guardian Name : Cell Phone :

EMERGENCY CONTACTS

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 : Phone :

Address :

Name : Phone :

Address :

ALLERGIES OR SPECIAL MEDICAL NEEDS

By signing below, I am confirming my child is in good health. I also acknowledge that it is my responsibility to notify KIDKARE of any special medical needs my child might have. I 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.

Parent/Guardian Signature

THANK YOU FOR PREREGISTERING