



Kids Club Family Registration

Date Received	____/____/____
Check #	_____ \$ _____

Yearly Family Registration Fee: \$10.00 per family.

Clayton School District - 715.948.2163 ext. 400 - P. O. Box 130 - 236 Polk Ave. W. - Clayton, WI 54004 - www.claytonsd.k12.wi.us

CHILDREN:

First Name: _____ Last Name: _____ Gender: M F
 Birthdate: ____/____/____ Grade: _____ Teacher: _____
 Child's Doctor/Clinic: _____ Doctor/Clinic Phone: _____

First Name: _____ Last Name: _____ Gender: M F
 Birthdate: ____/____/____ Grade: _____ Teacher: _____
 Child's Doctor/Clinic: _____ Doctor/Clinic Phone: _____

First Name: _____ Last Name: _____ Gender: M F
 Birthdate: ____/____/____ Grade: _____ Teacher: _____
 Child's Doctor/Clinic: _____ Doctor/Clinic Phone: _____

PARENT/GUARDIAN: _____ Relationship: _____
 Home Mailing Address: _____ City: _____ Zip: _____
 Email: _____
 Home Phone: _____ Mobile Phone: _____
 Place of Employment: _____ Work Phone: _____

PARENT/GUARDIAN: _____ Relationship: _____
 Home Mailing Address: _____ City: _____ Zip: _____
 Email: _____
 Home Phone: _____ Mobile Phone: _____
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PARENT/GUARDIAN: _____ Relationship: _____
 Home Mailing Address: _____ City: _____ Zip: _____
 Email: _____
 Home Phone: _____ Mobile Phone: _____
 Place of Employment: _____ Work Phone: _____

The information on this form will constitute a private record and will not be release to other parties.

Other Persons who are **AUTHORIZED** to take your children from the program and assume responsibility if a parent/guardian cannot be reached: (List at least two and please make them aware that you have listed them)

Name: _____ Relationship: _____
Phone #1: _____ Phone #2: _____

Name: _____ Relationship: _____
Phone #1: _____ Phone #2: _____

Name: _____ Relationship: _____
Phone #1: _____ Phone #2: _____

Name: _____ Relationship: _____
Phone #1: _____ Phone #2: _____

List any specific persons who are **NOT AUTHORIZED** by court order to take your child. You must provide staff with a copy of the court order.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I have received and agree to read and follow program policies as stated in the Family Handbook.

In the event of a serious accident, illness, or if unable to contact me, I hereby authorize Clayton School staff to make whatever arrangements they deem necessary.

Parent/Guardian Signature: _____ **Today's Date:** ___/___/___