



"We Are Clayton"

Clayton School District

236 Polk Ave W | Clayton, WI 54004

Bears Club Before and After School Care Registration

Parent/Guardian 1 _____

Relationship to Child(ren) _____

E-Mail _____

Home Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Registration Fee:

\$10 per family

per school year

Parent/Guardian 2 _____

Relationship to Child(ren) _____

E-Mail _____

Home Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Children

First Name _____ Last Name _____ Gender: M F

Birthdate _____ Grade in 2018-2019 _____

First Name _____ Last Name _____ Gender: M F

Birthdate _____ Grade in 2018-2019 _____

First Name _____ Last Name _____ Gender: M F

Birthdate _____ Grade in 2018-2019 _____

First Name _____ Last Name _____ Gender: M F

Birthdate _____ Grade in 2018-2019 _____

Doctor/Clinic _____ Doctor/Clinic Phone _____

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 people 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 person(s) 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 Bears Club, I hereby authorize Bears Club staff to make whatever arrangements they deem necessary.

Parent/Guardian Signature: _____ **Date:** _____

For Office Use Only

- Amount Received: _____ Cash Check #: _____ Credit Card
- Date Received: _____