



**KIDS CLUB
2:30 – 6:00 P.M.
REGISTRATION FORM**

AFTER SCHOOL PROGRAMS

I am enrolling my child in: SPECIAL PICK-UP TIME: _____

- 5 Day Session**
 4 Day Session
 3 Day Session
 Daily

My child will be attending on these days: (Please Circle):

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

BACKGROUND INFORMATION

School presently attending: _____
 Referred by: _____
 Special services your child has received: _____
 Allergies or other medical attention needed: _____

STUDENT INFORMATION

Child's Name: _____		Sex: _____
Date of Birth: _____	Grade: _____	Telephone: _____
Address: _____		E-Mail Address: _____
City: _____	State: _____	Zip Code: _____

BACKGROUND

Mother's Name: _____	Father's Name: _____
Parents Marital Status (Circle One)	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower	
Mother's Occupation: _____	Telephone: _____
Father's Occupation: _____	Telephone: _____
Brother's or Sister's Name: _____	Date of Birth: _____
Brother's or Sister's Name: _____	Date of Birth: _____

EMERGENCY CONTACTS (YOU MUST LIST TWO)

(Must be available to pick up child at anytime)

Name: _____	Relationship: _____	Telephone: _____
Name: _____	Relationship: _____	Telephone: _____

Please return this form with your non-refundable \$25.00 Registration Fee.
 Grant and Frankford Avenues, Philadelphia, Pennsylvania 19114 * 215-632-3366