

KIDS FIRST AFTER SCHOOL PROGRAM

ENROLLMENT

Child's first name _____ last name _____ date of birth _____

Child's first name _____ last name _____ date of birth _____

Child's first name _____ last name _____ date of birth _____

Parent/Guardian phone numbers:

Name _____ Relationship _____

cell _____ work _____ Home _____

Name _____ Relationship _____

cell _____ work _____ Home _____

Additional Contact/Emergency names and numbers:

SIGN OUT:

I give permission for the following people to sign my child out at any time or at the end of the program:

I give my permission for my child to sign out of Kids First **anytime**.

My child can sign out at the **end** of the program ONLY.

*Please provide child's name and any food or other allergies:

*I give Kids First adult staff permission to seek and/or administer medical attention for my child/ren in case of an emergency. _____ (initial)

I have read and agree to comply with the provided Kids First Enrollment and Policies and procedures.

Parent signature

Date