

Arbor Park School District 145 Extended Day Program
Kids Club 2024-2025 Registration Form

Before After Before & After

Child's Name _____ Birthdate _____ Grade _____
Address _____

City _____ State _____ Zip _____

Father (Guardian) _____ Mother (Guardian) _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Home/Cell Phone _____ Home/Cell Phone _____

Work Phone _____ Work Phone _____

E-Mail _____ E-Mail _____

PICK-UP LIST AND EMERGENCY CONTACTS

NAME RELATIONSHIP PHONE NUMBER

I AUTHORIZE ONLY THE PEOPLE WRITTEN ABOVE TO PICK-UP MY CHILD/CHILDREN

Signature

Date

Please provide below any other information or accommodations necessary to assist
your child's participation in Kids Club.

MEDICAL INFORMATION

Child's Doctor's Name _____ Phone Number _____

Allergies to Medication _____

Other Allergies _____

I give the Kids Club program permission to call 911 in the case of a sudden illness or accident.

Signature

Date



DISTRICT 145 EXTENDED DAY PROGRAM

KIDS CLUB

Kids Club Parent Agreement

CHILD'S NAME _____

1. I agree to call Kids Club on days when my child will not be in attendance due to illness, after school activities, vacations, etc.
2. I will provide two weeks' notice when taking my child out of Kids Club.
3. I understand that Kids Club reserves the right to terminate services for the following reasons: Abuse of program hours.
Non-payment of Kids Club fees. Payment is due weekly by Tuesdays of each week or Friday by the end of the first week of the month if monthly payment option is elected. Failure of the parent or child to respect the safety and rights of other individuals in the program.
4. I understand my child must be fever free to 24 hours after an illness to return to both school and Kids Club.
5. I give my child permission to watch movies:
_____ My Child has permission to view movies rated G.

Parent/Guardian Signature

Date