

KIDS CONNECTION LTD

SUMMER REGISTRATION

Child's **Full** Name _____

Date of Birth _____ Age _____ Grade _____
Month Day Year

Child's Address _____
Postal Code _____

Mom's Name _____ email _____

Work# _____ Cell# _____ Home# _____

Dad's Name _____ email _____

Work# _____ Cell# _____ Home# _____

Contact Person (Not parent) & Phone _____

Medical/Physical Conditions, allergies: _____

Developmental Challenges: _____

Health # _____ Doctor's Name _____ # _____

I give permission for the following people that I have listed, to pick up my child from Kids Connection if I am unable to do so, which is before 5:30 pm:

If subsidized, parent share amount, to be paid to the center _____

Emergency Medical Consent: I hereby give permission for the Supervisor and staff of Kids Connection to act on my behalf in obtaining and/or authorizing medical treatment, if an emergency arises and I cannot be contacted by telephone. I understand that any treatment would be on the advice of a qualified medical doctor. Children are not to bring medications to camp. We do not administer drugs.

Dated _____ Signature _____