



CROOK COUNTY KIDS CLUB

The place to be after school

How would you liked to be billed? Monthly _____ Daily _____ Yearly _____ Please invoice me via PayPal _____

EMAIL: _____

MY CHILD WILL ATTEND KID'S CLUB AT: STEINS PILLAR _____ BARNES BUTTE _____

Mailing Address _____ City _____ Zip _____

Family Information

Head of Household (who to call first): _____ Employer _____

Cell Phone _____ Other _____

Other Parent: _____ Employer _____

Cell Phone _____ Other _____

Members Information

Child's Name: _____ Sex _____ Grade: _____ DOB _____ School _____

Child's Name: _____ Sex _____ Grade: _____ DOB _____ School _____

Child's Name: _____ Sex _____ Grade: _____ DOB _____ School _____

Child's Name: _____ Sex _____ Grade: _____ DOB _____ School _____

Emergency Contact Information: Who to call if we can't reach you?

Name _____ Phone _____ Relationship _____ Pick Up? _____

Name _____ Phone _____ Relationship _____ Pick Up? _____

Any allergies and/or medications?

Names of **ANYONE** who can pick up your child.

Child lives with (both parents, mother, father, joint, grandparents) _____

Information For Funding Purposes Only

Primary Language spoken by children _____

Children's ethnicity _____

Does your family receive ADC _____, Food Stamps _____, General Assistance _____, SSI _____, Veterans Asst _____

Estimated Annual Family Income \$0-12,000 _____, 12,000-17,000 _____, 17,000-25,000 _____, 25,000-35,000 _____, 35,000-45,000 _____, Over \$45,000 _____.

Parent or Guardian Approval

I, the parent/guardian of the above-listed applicant(s) for membership in the Crook County Kids, Inc. program hereby give my consent to his/her/their participation in the program and to their being given a physical exam or emergency treatment by a physician or hospital in case of an emergency. I hereby give my permission to use photos of my child for publicity purposes.

Crook County Kids Inc, is NOT a licensed childcare facility.

Parent/Guardian Signature _____ Date _____

