



KIDS CHOICE REGISTRATION FORM

Child's First Name: _____		Last Name: _____	
DOB: / /	Teacher: _____		Grade: _____
Parents or Guardian's Name: _____			
Address: _____			Home Phone #: _____
Mother's Cell Phone #: _____		Father's Cell Phone #: _____	
Mother's Email: _____		Father's Email: _____	
Person(s) authorized to pick up your child/Emergency Contact: Person must show ID			
<u>Stem Lab Fun</u>	<u>Read A Recipe for Literacy Program</u>	<u>Getting to Know God</u>	<u>Imagination Creation with ARTS & CRAFTS</u>
Is your child is under medical care or taking any medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please check all the following condition that your child has and indicate if medication needs to be dispensed at school.			
<input type="checkbox"/> Bee Sting Allergy	Epi-pen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Asthma	Inhaler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Vision/Hearing	Glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other			
Family Health Care Physician's Name: _____			Phone #: _____
Address: _____			Medi-Cal: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance #: _____			
Does the KIDS CHOICE have permission to use photos of your child in educational or promotional materials? (There is no cost.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have permission to check out at 6:00pm and walk home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please read and sign below:			
<p>I _____ allow my child _____ to attend St. John's KIDS CHOICE course(s) selected above. I understand there is a late fee if I do not pick up my child on time. I also understand that the course(s) fee is non-refundable unless the course(s) are subject to change. I agree to provide my child with a healthy snack and appropriate clothing in order to fully participate in the course.</p>			
Parent or Guardian Signature: _____ Date: _____			
FOR OFFICE USE ONLY			
FEE REC'D BY: _____ (INITIALS)			
FEE AMT. REC'D: \$ _____			
FEE PAID BY: (PLEASE CHECK ONE) CHECK _____ MONEY ORDER _____ CASH _____			
Approved By: _____			
Mrs. Melissa M. Moore, Principal			