

KID'S CLUB LEARNING CENTER

COMMUNITY FIRST CHURCH OF GOD

MARIANNA ASHLEY, DIRECTOR

198 RICHARDS WAY

SPARKS, NV 89431

(775) 358-7231 | FAX (775) 358-1683

WWW.KIDSCLUBSPARKS.COM



Registration Information/Emergency Form

Date Enrolled _____

Child's Name _____ Birth Date _____

Father's Name _____ Home Phone _____ Cell _____

Home Address _____ (Zip) _____

Business Name _____ Business Phone _____

Mother's Name _____ Home Phone _____ Cell _____

Home Address _____ (Zip) _____

Business Name _____ Business Phone _____

E-mail Address (Dad) _____ (Mom) _____

Person(s) other than parents, authorized to take child from Center: **(use back for more contacts)**

Name _____ Phone (Hm) _____ (Wk) _____

Address _____ Business _____

Name _____ Phone (Hm) _____ (Wk) _____

Address _____ Business _____

PLEASE CAREFULLY READ AND SIGN THE FOLLOWING:

1. In case of an illness or accident that requires the student to be sent home, we will contact you. If you are unavailable, we will contact with the other authorized persons to pick up your child.

2. If necessary, I give permission to obtain emergency medical care. If physician or hospital services are needed I request the following preference:

Doctor _____ Phone _____

Hospital _____ Phone _____

3. I hereby certify that, to the best of my knowledge, my child does not have an ailment or an organic defect which would be dangerous to his/her health and that he/she is able to participate in the routine program. I further certify that to the best of my knowledge, my child does not have a contagious disease.

4. I understand and agree to adhere to all policies set forth by this facility, I give my permission for transportation of my child to (or from) the facility-sponsored excursions in a facility operated or furnished vehicle or in a vehicle volunteered for facility use.

5. I also understand that a child cannot be left longer than 14 hours in any 24 hour period and that my failure to pick up my child within that time limit will result in the local police and welfare authorities being notified of the incident which may result in my child being picked up and placed in a foster home.

Signed: _____ Date _____

Parent or Guardian

- Immunization Record
- Statement of General Health
- Over the Counter Medication