

# Kids Club REGISTRATION

FALL \_\_\_\_\_ / SPRING \_\_\_\_\_

Today's Date \_\_\_\_\_

CHILD: Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent E-mail address \_\_\_\_\_

Allergies / Medical Conditions \_\_\_\_\_  
(Also See Reverse Side) \_\_\_\_\_

PARENTS:

**FATHER:** Name \_\_\_\_\_ Authorized to pick up? Yes  No   
Street/P.O. Box: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Cell phone, beeper \_\_\_\_\_

**MOTHER:** Name \_\_\_\_\_ Authorized to pick up? Yes  No   
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Cell phone, beeper \_\_\_\_\_

EMERGENCY CONTACT/AUTHORIZED PICK-UP PEOPLE:

1. Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Emergency Contact Yes  No  Authorized Pick up Yes  No   
2. Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Emergency Contact Yes  No  Authorized Pick up Yes  No

**Notify PTO/Kids Club whenever anyone other than regular pick up person will be picking up your child!**

EMERGENCY MEDICAL CONSENT

I, \_\_\_\_\_, hereby give my consent for **Emergency Medical Care** to be provided for my child \_\_\_\_\_ by **MUMC Kids Club** staff while (he, she) is in their care.

PHYSICIAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
HOSPITAL \_\_\_\_\_  
Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_ Phone# \_\_\_\_\_

In EMERGENCIES requiring immediate medical attention, 911 will be called and/or your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at **MUMC Kids Club** to have your child transported to that hospital.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Days \_\_\_\_\_ Times: \_\_\_\_\_

Date Registration Received \_\_\_\_\_ Registration Fee (\$50) Check # \_\_\_\_\_