

**Winnebago Kids Club
Before & After Care Program
For Students K-5th Grade**

Registration Fee- \$30/ Family AM- \$6* PM-\$9* Early Release Day- \$16* SIP Day-\$25*

Please Mark Your Schedule Below

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

My child/children will have a varied schedule. Yes No
(First date of attendance _____)

Child First & Last Name _____ **Birthday** _____

2020-2021 Grade Level _____ 2020-2021 Teacher _____

Medical Information (Allergies, Medications, etc.) _____

Physician _____ Hospital Preference _____

Child First & Last Name _____ **Birthday** _____

2020-2021 Grade Level _____ 2020-2021 Teacher _____

Medical Information (Allergies, Medications, etc.) _____

Physician _____ Hospital Preference _____

Child First & Last Name _____ **Birthday** _____

2020-2021 Grade Level _____ 2020-2021 Teacher _____

Medical Information (Allergies, Medications, etc.) _____

Physician _____ Hospital Preference _____

Parent/Guardian Information

Parent/Guardian _____ **Relation to Child** _____

Address _____ City _____

Employer _____ Work # _____ Cell# _____

Email _____

Parent/Guardian _____ **Relation to Child** _____

Address _____ City _____

Employer _____ Work # _____ Cell# _____

Email _____

Emergency Contact (*Other than parent. This person will only be contacted if the parents are unable to be reached.*) _____

Relation to Child _____ Phone # _____

Alternative Pick-Up (*If a person is not listed, they will NOT be allowed to pick up your child*)

Consent

- I hereby **authorize** any staff member of Winnebago Kids Club or Winnebago School District #323 to **medically treat** and/or to provide their consent for the medical treatment deemed necessary for my child.
- **Consent** is given for the above named child/children to watch **G and PG** rated movies.
- **I have read and fully understand the Kids Club guidelines, parent agreements, and discipline procedures.** I understand that infractions of these rules may result in my child's dismissal from the program. I have received a copy of the Kids Club Handbook explaining all of the procedures of the program.

Parent signature: _____ **Date:** _____

- **Homework Hall** is available to any **2nd-5th grade** students M-Th from 3:15-4pm. Staff will call students signed up for Homework Hall to check homework, assignment notebook, or/and backpack. We provide a quiet space for kids to work and staff is available to answer questions.

Parent Signature: _____ **Date:** _____

To be completed by Kids Club Staff:

District Employee (25% Discount) Yes No

Multiple Child Discount (\$10 off per week with 3+ days attendance) Yes No

Registration Fee \$30 Early Registration \$20

Due Paid Check # _____

Kids Club Staff Initials _____ Date _____