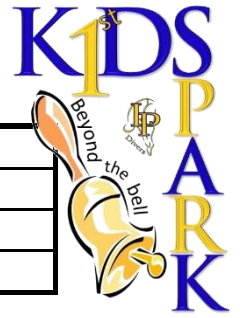


Kids First & SPARK Enrollment Form



Child Info: Please list all your children at the top of this form and specifics for each below.

Child's name:	Grade:	Date of Birth:
Child's name:	Grade:	Date of Birth:
Child's name:	Grade:	Date of Birth:
Child's name:	Grade:	Date of Birth:

My child(ren) will only be attending Kids First on Tuesday's for the **SPARK** program

Parent/Guardian Information:

Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Email:	Email:
Best form of Communication:	Best form of Communication:

Emergency Contact Person: You are required to list at least 1 person who could assume responsibility for your child if you could not be reached immediately in an emergency, or if some reason you could not pick up your child and were unable to communicate with the Program.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone Number:

Non-Emergency Alternate Pick-up Person(s):

Name:	Name:	Name:	Name:
Phone Number:	Phone Number:	Phone Number:	Phone Number:

I give my child(ren) permission to check-out of Kids First **anytime**.

My child can **ONLY** sign out at the end of the program.

I give my child(ren) permission to go on scheduled field trips.

Medical Information:

Name:	Name:
Medications:	Medications:
Allergies/Food Allergies:	Allergies/Food Allergies:

Emergency Medical Treatment Authorization:

I hereby give permission for the Kids First/SPARK staff to provide simple first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to an emergency medical facility and receive emergency medical treatment. I understand that I will be contacted by Program personnel as soon as possible regarding any emergency involving my child.

Student/Parent Handbook:

I have read and understand that I am responsible for the information in the Kids First/SPARK Handbook and agree to abide by those terms.

Parent/Guardian Signature: _____ Date: _____