KIDS CARE @RCS

PARENT/GUARDIAN INFORMATION

Mom/Guardian First Name

Mom/Guardian Last Name

Dad/Guardian First Name

Dad/Guardian Last Name

Street Address

City

State

Zip Code

Home Phone

Mom/Guardian Cell

Dad/Guardian Cell

Mom/Guardian Email

Dad/Guardian Email

GRCS Employee Yes ☐ No ☐

CHILD'S INFORMATION

First Name

Last Name

Date of Birth

Grade/Teacher

First Name

Last Name

Date of Birth

Grade/Teacher

First Name

Last Name

Date of Birth

Grade/Teacher

PROGRAM NEEDED

- ☐ Before School: 7:30-8:40am
- ☐ After Care: 3:15-6pm
- ☐ Kids Club: 8:40am-3:15pm

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

EMERGENCY CONTACTS

In event of emergency please contact

First Name	Last Name	Phone Number
First Name	Last Name	Phone Number

AUTHORIZED PICK UP

First Name	Last Name	Phone Number
First Name	Last Name	Phone Number

MEDICAL INFORMATION

Please list any current food allergies, medication allergies/activity restrictions or any other health concerns

We agree to pay our Kids Care bill on a monthly basis.
My child is in good health. Any activity restrictions are noted.
My child's immunization record or appropriate waiver is on file in the school office.

Signature:_____ Date:_____

Deposit Paid:___/___/___
Ck #_____/Cash