



## Kidz Zone Registration Form

Student's Name: \_\_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's First & Last Name(s) \_\_\_\_\_

Mom's Work #: \_\_\_\_\_ \* Mom's Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Dad's Work #: \_\_\_\_\_ \* Dad's Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Please circle the days your child will be attending Kid Zone:**

**Monday Tuesday Wednesday Thursday Friday Drop-In Half Days/Full Days**

Please list the names and phone numbers of all people who may pick up your child:

Name: \_\_\_\_\_ Phone#(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone#(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone#(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone#(s): \_\_\_\_\_

**Emergency Contact (other than parents):**

Name: \_\_\_\_\_ Phone#(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any known allergies your child has: \_\_\_\_\_

\_\_\_\_\_

If your child is not a student at FCA, how will your child be transported to Kid Zone?

\_\_\_ Bus \_\_\_ Family Car \_\_\_ Car Pool Estimated Time of Arrival: \_\_\_\_\_

\* If you do not have a cell phone, please provide a cell phone number of a relative or friend.