



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.