



Grandview Heights Kids' Club

Fall Enrollment Packet



Child's Full Name _____ **Nickname** _____

Child's Address _____

Home Phone Number _____ **Date of Birth** _____ **Sex:** **M** **F**

Additional Parent Information (Please fill in any information that is different from above.)

Mother's Name _____

Home Address _____

Home Phone Number _____ Cell Phone Number _____

Employer Name & Address _____

Business Phone Number _____

Father's Name _____

Home Address _____

Home Phone Number _____ Cell Phone Number _____

Employer Name & Address _____

Business Phone Number _____

Kid's Club communicates with families through e-mail regularly. Please list the e-mails you would like to be included on our parent list serve. This information will not be shared outside of the school district.

Mother's e-mail _____

Father's e-mail _____

Child's Health Care Providers

Name of Physician/Clinic _____ Phone Number _____

Address _____

Name of Dentist/Clinic _____ Phone Number _____

Address _____

Child's Full Name _____

Emergency Contact Persons (If you cannot be contacted, please provide three local people.)

NOTE: Per state licensing regulations, this section must be completed in its entirety.

Name _____

Relationship to Child _____ Phone Number _____

Name _____

Relationship to Child _____ Phone Number _____

Name _____

Relationship to Child _____ Phone Number _____

Emergency Transport of Child: Everyone must complete

Permission to Transport Child

I give Grandview Kids' Club my permission to transport my child to _____ for emergency medical care or _____ for emergency dental care, or to the nearest available source of assistance.

Refusal to Grant Permission

I do not give permission to Grandview Kids' Club to transport my child for emergency medical or dental care. In the event of an illness or injury that requires emergency medical or dental treatment, I want the following action to be taken:

Health Information: Everyone must complete (Please respond to all questions or write none.)

1. List all allergies and any special precautions and treatment for these allergies:

2. List medications, food supplements, modified diets, or fluoride supplements currently administered:

3. List any chronic physical problems and any history of hospitalization:

4. List any diseases your child has had:

5. Is there any additional information we should know to ensure your child's health and safety?

Signature of parent/guardian Date

