



Extended Day Summer Registration

Family Last Name _____ Father _____ Mother _____
 (child/parent-family if different)

Address _____ Phone _____

City _____ State _____ Zip _____

Father's (Day) Numbers: () _____ () _____
 E-Mail _____

Mother's (Day) Numbers: () _____ () _____
 E-Mail _____

1. Child's Name _____ Current Grade _____ Date of Birth _____
 (Last, First)

*Swimming Ability: Little or No Experience / Beginner / 5 Feet Deep / Water Slides
 (swim competency will be tested by a lifeguard.)

2. Child's Name _____ Current Grade _____ Date of Birth _____
 (Last, First)

*Swimming Ability: Little or No Experience / Beginner / 5 Feet Deep / Water Slides
 (swim competency will be tested by a lifeguard.)

3. Child's Name _____ Current Grade _____ Date of Birth _____
 (Last, First)

*Swimming Ability: Little or No Experience / Beginner / 5 Feet Deep / Water Slides
 (swim competency will be tested by a lifeguard.)

Please check all days and time childcare is needed. Write in the approximate drop-off and pick-up times.

MONDAY <input type="checkbox"/>	TUESDAY <input type="checkbox"/>	WEDNESDAY <input type="checkbox"/>	THURSDAY <input type="checkbox"/>	FRIDAY <input type="checkbox"/>
Drop Off _____	Drop Off _____	Drop Off _____	Drop Off _____	Drop Off _____
Pick Up _____	Pick Up _____	Pick Up _____	Pick Up _____	Pick Up _____

Non-Refundable Registration Fee:

Registration fees are by family, not student. If enrolling more than one student in either Cub Club or Club Tiger, there is just one fee for summer registration of \$30 before April 15, \$50 after April 15.

Date Registration Fee Received:

EMERGENCY INFORMATION (please print clearly)

Father's Name/Legal Guardian _____ Wk #:(_____) _____
Place of Employment _____ work hours _____
Pager # / cell phone (_____) _____

Mother's Name / Legal Guardian _____ Wk#: (_____) _____
Place of Employment _____ work hours _____
Pager # / cell phone (_____) _____

Student lives with: Both parents/legal guardians _____ or Father _____ or Mother _____ or ½ _____

Persons restricted from being in contact with your child by court order: _____
(If yes, a copy must be placed in our files.) (name)

Please list the adults other than yourself who are a uthoriz4ed to be contacted/pick up your child(ren) in case of emergency:

Name: _____ Phone# (_____) _____ / (_____) _____
Relationship: _____

Name: _____ Phone# (_____) _____ / (_____) _____
Relationship: _____

Physician _____ Phone (_____) _____

Dentist _____ Phone (_____) _____

Hospital Preference _____ Phone (_____) _____

HEALTH HISTORY UPDATE:

List any major illness, allergies-including food, or other related problems in the past year:

Is your child taking any medications? **YES NO** If yes, please list medications and reasons for taking them: _____

Do you have any concerns about hearing, vision, or general health? **YES NO**

Date of last medical physical exam: _____ Date of last dental exam: _____

I give permission to Cub Club or Club Tiger to make whatever emergency (e.g.first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child while under the supervision of Cub Club or Club Tiger. In case of medical emergency I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the resource (Police, Rescue Squad) deems it necessary. I understand that I am responsible for any medical expenses incurred for my child. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and /or other adult acting on the parent's behalf.

Parents/Guardian Signature Date

I understand that by signing below this information is accurate to the best of my knowledge, and I am responsible for payment for the days my child/children attend.

Parents/Guardian Signature Date