

Date: _____

2017-2018 Registration Form
Ellsworth Community School District
Panther Kids' Club



Child's Information

Child's Name: _____

Age: _____ Birth Date: _____ Current Grade In School: _____

Special Needs: _____

Please indicate any special needs which Panther Kid's Club should be made aware. All enrollees must be potty trained.

Allergies: _____

Doctor: _____ Clinic: _____ Phone: _____

Dentist: _____ Office: _____ Phone: _____

Person to contact in case of emergency: _____

Name & Relationship to Child

Phone

Additional contact if above is unreachable: _____

Name & Relationship to Child

Phone

Persons authorized to pick up child: (Name & Relationship to Child)

School Child Attends: (circle one) *Ellsworth Elementary School* *St. Francis*

Location of Kid's Club Child Will Attend: (circle all that apply) *EES* *Prairie View*

Days Child Will Attend: (Circle all that apply) *Monday* *Tuesday* *Wednesday* *Thursday* *Friday*

Hours Child Will Attend: _____ Start date: _____
(Morning) (Afternoon) (Date child will begin attending PKC)

Mother's Information

Please complete fully

Name: _____

Home Address: _____

Home Number: _____

Cell Phone: _____

Email: _____

Check box to be included in PKC emails.

Place of Employment: _____

Work Phone: _____

Father's Information

Please complete fully

Name: _____

Home Address: _____

Home Number: _____

Cell Phone: _____

Email: _____

Check box to be included in PKC emails.

Place of Employment: _____

Work Phone: _____

The above information is correct to the best of my knowledge. _____
(Parent's Signature)

PKC posts pictures of activities on the website. If you **do not** want your child's pictures used, please initial here. _____