



KID CARE PROGRAM REGISTRATION FORM 2024 - 2025

YEARLY REGISTRATION
\$10.00 PER CHILD
Will be billed on your FACTS account

Please PRINT

Parent #1 Name: _____ Parent #1 Work Phone _____

Cell Phone _____

Parent #2 Name: _____ Parent #2 Work Phone _____

Cell Phone _____

Home Address: _____ Zip Code _____

Home Phone: _____

My child will attend: _____ Morning _____ After school _____ Both

Child's first and last name:	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand and promise to comply with the attached guidelines of this program. I am keeping the attached information on this program for reference. I also understand that it is my responsibility to keep **my emergency information current**.

Parent Signature _____ Date: _____

Office Use Only: Registration Fee _____ ER Form _____
Entered on FACTS: _____