

Club 309

2019/2020 School Year Contract

Child's Name _____ Grade _____ Teacher _____

Date of Birth _____ Age _____ Gender _____

Mother's Name _____ Home Phone (_____) _____

Mailing Address _____ Work Phone (_____) _____

City _____ State _____ Zip _____ Cell Phone (_____) _____

E-mail address

Father's Name _____ Home Phone (_____) _____

Mailing Address _____ Work Phone (_____) _____

City _____ State _____ Zip _____ Cell Phone (_____) _____

E-mail address

Parents are: Married Separated Divorced Widowed Never Married

Who should we contact first in an emergency?

Are there family circumstances that we should be aware of to better care for your child? _____

The following people are authorized to pick up my child or contact if I am not available:

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

Please list any Special Needs/Medical Conditions/Allergies:

If school cancels or lets out early, there will be NO Century Adventures. In this event my child should:

_____ Take Bus # _____ home/Daycare/Other

_____ Wait for Mom/Dad to pick up

_____ Other

I am planning to have my child(ren) attend Century Adventures the following days and will notify staff if this changes:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____