Busy Bees Kids Klub

Registration Form

2018/2019

Student(s) Names: **Date of Birth:** **Age:** **Teacher**

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Parent/Guardian:

_____

Home Address:_____

_____

Telephone Contact Number:

Home #:_____

Mom Cell #:_____ Dad Cell #_____

Mom Work #:_____ Dad Work #:_____

Medical Concerns and/or Medications:

_____

_____

Please list individuals approved to pick up your child/children:

Name	Phone #	Relationship