

**LUCKY KIDS
ENROLLMENT APPLICATION
2008-2009**

CHILD'S NAME _____

ADDRESS _____

GRADE _____ DATE OF BIRTH _____ TEACHER _____

MOTHER/GUARDIAN NAME _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE: _____ E-MAIL ADDRESS _____

FATHER/GUARDIAN NAME _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE: _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT/ADDITIONAL PICK-UP PERSONS (other than parents)

1) _____ PHONE _____

2) _____ PHONE _____

DO YOU WANT YOUR CHILD TO COMPLETE ALL HOMEWORK BEFORE GOING HOME?

_____NO

_____YES

LIST ANY ALLERGIES/MEDICAL CONDITIONS _____

REGISTRATION FEE: \$40 AMOUNT PAID: _____

I HAVE READ THE LUCKY KIDS REGISTRATION PACKET AND FULLY UNDERSTAND ALL POLICIES AND PROCEDURES.

Signature

Date

**LUCKY KIDS
2008-2009**

Authorization for Emergency Medical Care/Treatment

NOTE: This form must be completed for EACH child participating in the Lucky Kids program.

CHILD'S NAME _____

GRADE _____ AGE _____

I hereby authorize the Lucky Kids staff to act in my behalf in the case of an accident, illness, or emergency.

Signature

Date