



Nativity of the Blessed Virgin Mary
Kids Club Registration Form 2011-2012

Family Name _____ Date _____

Address _____ City/State/Zip _____

Phone #: Home _____ Work _____ Cell _____

Child(ren) Attending:

Name	Grade	Allergies/Limitations/Pertinent Information
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person(s) authorized to pick up your child(ren) besides parents:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Person besides parents:

Name	Address	Phone
_____	_____	_____

I authorize Nativity of Mary Kid's Club Program to seek necessary medical care in case of an emergency:

Doctor's Name _____ Phone _____

Insurance Carrier _____ Identification # _____

Parent/Guardian Signature: _____ Date: _____