

Johannesburg Cardinal Club 2017-2018 Application Form

Student Information

Student's Name: _____

Birthdate: _____ Grade: _____

Parent/Guardian Information

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

PERSONS AUTHORIZED TO PICK UP CHILD IN AN EMERGENCY

If your child is injured, ill or needs to leave the child care center, we will contact the parent/guardian listed on the application first. If our attempts are unsuccessful, we will contact the following individuals authorized to pick up your child from Cardinal Club. Your child should know the person. ID may be requested.

Authorized Person	Relationship	Address
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Home Phone	Cell Phone	Work Phone
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Authorized Person	Relationship	Address
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Home Phone	Cell Phone	Work Phone
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Your child will not be released to any unauthorized person.

Planned Attendance:

Please Check the days and times your child will be **regularly** attending Cardinal Club.

After School Session 3:00-6:00

Monday____ Tuesday ____ Wednesday ____ Thursday ____ Friday_____

Scheduled School Half Days 12:00 - 6:00

_____ YES

_____ NO

Part Time Occasional Use

Drop In _____ *Director must be contacted in advance to make sure space is available for that day.

Parent/Guardian

Signature:_____Date:_____

Rules and policies are outlined in the parent Handbook, which will be provided to all enrolled families.

Thank you for your interest in the Johannesburg Cardinal Club. Please be sure the application is filled out completely and returned to the school office. If you have any further questions, please feel free to call.

Kellie House, Director of Cardinal Club: 989-731-2040 Ext. 523