



Kidz Klub Program Registration Form

June 16, 2020 through August 14, 2020, 12pm to 5pm, Monday through Friday
office@woodbridgeclub.org

Please complete form and return it to the Club office immediately (please print).

Child's Name: _____ Gender: _____
Last First

Date of Birth: ____ / ____ / ____ Grade entering in Fall 2020: _____

Address: _____ Town: _____

Please circle weeks attending:

6/16 – 6/19 6/22-6/26 6/29-7/3 7/6-7/10 7/13-7/17 7/20-7/24 7/27-7/31 8/3-8/7 8/10-8/14

Mother/Guardian Name: _____

Contact Information for Mother:

Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Home Phone: (____) _____ - _____ E-mail Address: _____

Father/Guardian Name: _____

Contact Information for Father:

Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Home Phone: (____) _____ - _____ E-mail Address: _____

List two people that we may contact/release your child to in the event that you cannot be reached.

Name: _____ Relationship to Child: _____

Address: _____ Phone#: (____) _____ - _____

Name: _____ Relationship to Child: _____

Address: _____ Phone#: (____) _____ - _____

Please notify The Woodbridge Club in writing if someone other than a parent/guardian or the individuals listed above will be picking up your child.

In case of accident or serious illness, I request that The Woodbridge Club contact me. If I cannot be reached, I hereby authorize The Woodbridge Club to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, The Woodbridge Club may make whatever arrangements necessary.

Physician's Name: _____ Phone#: (____) _____ - _____

Hospital Preference: _____

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