



COMET KIDS' CLUB REGISTRATION FORM revised 2017-18

Student's Name:	Date of Birth:
Address:	Phone:
Current School:	Current Grade:

If emergency treatment is required can school authorities use their judgement in sending your child to the nearest hospital or doctor?

YES	NO
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Parent/Guardian's Signature Required:

Please List any allergies, medications or physical impairments:

Please list individuals authorized to pick up the child listed on this form: Photo ID or other form of ID required.

Name:	Relationship:	Phone: # 1	Phone: # 2

Please complete the following information for enrollment into the program. This form may be emailed to beth_schwartz@amherstk12.org or handed in at one of the sites, or the Board Office. Registration will not be processed until payment of the \$75.00 fee, (\$25.00 of which is non-refundable) per child. This payment may be paid by cash/check or online payment using payforit.net.