

BECO KIDS

Registration Form

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
TOTAL							

Parent Name: _____ Address: _____

Phone Number: _____ Email: _____

Child Name: _____ Age: _____

Child's Gender: _____

Child's Birthdate: _____

Child's Allergies: _____

Child's Medical Conditions: _____

Child's Emergency Contact: _____

Photo ID must be presented by the individual picking up a child from the (GHQ 5RF Kids Program.)

I hereby certify that the information provided on this registration form is true and correct to the best of my knowledge. I understand that this information is used for the purpose of enrolling my child in the BECO Kids Program and may be shared with other staff members. I agree to keep this information confidential and to update it as needed. I understand that my child's participation in the program is voluntary and that I may withdraw my child at any time without penalty. I understand that the program is not responsible for any injuries or damages to my child while participating in the program. I understand that the program is not responsible for any lost or stolen items. I understand that the program is not responsible for any transportation to or from the program. I understand that the program is not responsible for any medical emergencies. I understand that the program is not responsible for any other damages or liabilities. I understand that the program is not responsible for any other damages or liabilities. I understand that the program is not responsible for any other damages or liabilities.

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READ, UNDERSTOOD, AND AGREED TO this _____ day of _____, 20____.Á

Signature: _____ Date: _____