

Days/Hours Needed:

___ Monday ___ ½ HR ___ 1 HR ___ 1 ½ HR ___ 2HRS ___ 2 ½ HRS ___ 3 HRS ___ 3 ½ HRS
___ Tuesday ___ ½ HR ___ 1 HR ___ 1 ½ HR ___ 2HRS ___ 2 ½ HRS ___ 3 HRS ___ 3 ½ HRS
___ Wednesday ___ ½ HR ___ 1 HR ___ 1 ½ HR ___ 2HRS ___ 2 ½ HRS ___ 3 HRS ___ 3 ½ HRS
___ Thursday ___ ½ HR ___ 1 HR ___ 1 ½ HR ___ 2HRS ___ 2 ½ HRS ___ 3 HRS ___ 3 ½ HRS
___ Friday ___ ½ HR ___ 1 HR ___ 1 ½ HR ___ 2HRS ___ 2 ½ HRS ___ 3 HRS ___ 3 ½ HRS

***ALLERGIES, IF ANY:**

Name of Child: _____ Grade: _____
Name of Child: _____ Grade: _____
Name of Child: _____ Grade: _____
Name of Child: _____ Grade: _____

For additional children, please check here _____ and list as appropriate on reverse side of this form.

Parent(s)/Guardian(s): The following individuals are authorized to pick-up student(s) from Kids' Haven at any time:

Name: _____ Home Phone: _____ Cell Phone: _____
Name: _____ Home Phone: _____ Cell Phone: _____

Other Authorized Persons / Emergency Contacts: The following individuals may be contacted in an emergency in the event that a parent/guardian is not available. Such persons are also authorized to pick-up student(s) from Kids' Haven in the event that a parent/guardian is unable to pick up their child(ren):

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____
Relationship to child(ren): _____	Relationship to child(ren): _____