

Registration Form  
Simply for Kids 2020  
June 16-18 and 23-25  
9:00 a.m. - 2:30 p.m.  
Kathy Cameron, Director

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

In case of an emergency and a parent or guardian cannot be reach:

Names	Address	Phone#	Relationship
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I hereby authorize Simply for Kids to allow my child to leave the facility ONLY with the following person.  
(Name and Phone#)

_____	_____	_____
_____	_____	_____

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**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangement for emergency medical attention. I authorize the person in charge to take my child to:

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Names of Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

I give consent for this facility to secure any and all necessary emergency medical care for my child.



\_\_\_\_\_  
Signature of Parent or Legal Guardian