



# Asteroids Kids Club

(One per Family)

## Child Information

**1<sup>st</sup> Child** First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require:

\_\_\_\_\_

**2<sup>nd</sup> Child** First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require:

\_\_\_\_\_

**3<sup>rd</sup> Child** First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require:

\_\_\_\_\_

**4<sup>th</sup> Child** First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require:

\_\_\_\_\_

**Parent/Guardian Information**

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best phone number to reach you:

\_\_\_\_\_

Custodial Parent (If married, mark both)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best phone number to reach you: \_\_\_\_\_

Custodial Parent (If married, mark both)

**Authorized Pick-up Persons & Emergency Contacts**

**1<sup>st</sup> Contact/pickup**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Able to pick up all children in the family.  Not able to pick up the following: \_\_\_\_\_

**2<sup>nd</sup> Contact/pickup**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Able to pick up all children in the family.  Not able to pick up the following: \_\_\_\_\_

**3<sup>rd</sup> Contact/pickup**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Able to pick up all children in the family.  Not able to pick up the following: \_\_\_\_\_

**4<sup>th</sup> Contact/pickup**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Able to pick up all children in the family.  Not able to pick up the following: \_\_\_\_\_

In case of a serious accident/injury/illness, I hereby authorize the staff of ASA to call 911 BEFORE notifying me and to administer necessary first aid. If an ambulance is necessary, I understand that ASA will not be held responsible for any costs that may be incurred.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the name and email address of the person(s) responsible for the tuition. Invoices will be emailed.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our staff?

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**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you!