



2010– 2011 EXTREME KIDS “FAMILY INFORMATION FORM”

Chaska Parks and Recreation



FIRST PARENT/GUARDIAN INFORMATION

First Name:		Last Name:	
Address:		City:	St: Zip:
Home Phone: ()		Cell Phone: ()	
Employer		Occupation:	Work Hrs:
Address:		City:	St: Zip:
Work Number: ()		Preferred Email Address:	

SECOND PARENT/GUARDIAN INFORMATION

First Name:		Last Name:	
Address:		City:	St: Zip:
Home Phone: ()		Cell Phone: ()	
Employer		Occupation:	Work Hrs:
Address:		City:	St: Zip:
Work Number: ()		Preferred Email Address:	

Please share any events or changes occurring in your child (ren)'s life which might affect personality or behavior:

Prior to enrollment, would you like a staff to contact you to discuss your child (ren)'s needs? Yes No

PAYMENT:

Invoices will be given out on the 20th of the month prior to care. Payment is to be received in one full payment on the first business day of the month or in two equal payments on the 1st and the 15th of the month. Payments may be paid by check and dropped off in Extreme Kids classroom payment box or by credit card at the CCC front desk.

Parental Permission / Release Agreement

(Please write “no” next to an item if you do not grant permission)

- I grant permission to use the name, pictures (photographs, slides, video tapes) and quotes of my child(ren) enjoying fun activities for use at open house events, scrap books, and orientation.
- I grant permission to use the name, pictures, (photographs, slides, video tapes) and quotes of my child(ren) for the purpose of publicizing the program. (ie: newspapers, flyers, brochures and cable TV).
- I grant permission for my child(ren) to participate in neighborhood walking excursions.
- I grant permission for my child(ren) to take part in any field trip planned on a day my child(ren) will be in attendance.

You are not required to respond to all request for information on this form. However, be advised that incomplete information may limit the ability of the Extreme Kids to fully provide services.

Signature:	Date:
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