



2010Summer
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:
Extreme Kids accepts checks and VISA, MasterCard and American Express credit cards
See attached form with payment options
Checks may be dropped off in the Extreme kids classroom all credit card transactions must be made 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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