

REGISTRATION
SCOTTIE KIDS CLUB

TRI-VALLEY LOCAL SCHOOLS 2024-2025

Section I - Student & Family Information

School Child Attends _____ Date of Admission _____

Child's Name _____ DOB _____ Grade _____

Family Member/Guardian _____

Family Street Address _____ Email _____

City _____ State _____ Zip _____

Cell Phone # _____ Other Phone _____

Carrier _____

Are you a Tri-Valley Employee ____ Yes ____ No Are you an MVESC Employee ____ YES ____ NO

Sibling Name _____ DOB _____ Grade _____

Alternate Family Information:

Family/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone _____

OtherPhone _____

List 3 Emergency Contacts Authorized To Take Child From The Program:

Name _____ Cell _____

Name _____ Cell _____

Name _____ Cell _____

List Medical Contacts, In Case Of Emergency:

Physician _____

Phone _____

Dentist _____

Phone _____

If you do not want your child transported to an emergency care facility or provided first aid, describe procedures to follow:

Sign Grant Permission to Provide First Aid & Transportation to Emergency Care Facilities:

 Date _____

Section III - Child's Health Information

Be sure to include sibling information if applicable

Child Medical/Health Needs

Child's Allergies/Treatment

Child's Dietary Needs/Restrictions

PARENT CONFIRMATION: By signing below I attest that I am the parent/legal guardian of the child listed above and that the information provided is true to the best of my knowledge. I understand that it is my responsibility to keep the site leader at my building aware of any address, phone number, custodial or medical changes that might occur throughout the year. A copy of Policy and Procedures are provided under Tri-Valley's Website. I also understand that if my account is not kept current, services will be suspended and my child(ren) will not be able to attend again until it is paid in full.

PARENT/GUARDIAN'S PRINTED NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

Date _____