

Kreative Kids Time Participant Profile

I. PARTICIPANT'S INFORMATION:

PLEASE PRINT CLEARLY

Participant's Name: _____

Date of Birth: _____ / _____ / _____ Gender: Male Female Age: _____
mm / dd / yyyy

Address: _____ City: _____ Zip: _____
Street Apt.

II. PARENT/GUARDIAN'S INFORMATION:

Parent/Guardian Name: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

Email address: _____ @ _____

Parent/Guardian Name: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

Email address: _____ @ _____

III. EMERGENCY CONTACT: *I authorized the following individuals to be the emergency contact & to pick up my child.*

Contact Name: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

Contact Name: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

Contact Name: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

The following individuals are NOT allowed to pick up my child.

Contact Name: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

Contact Name: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

Contact Name: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

IV. MEDICAL INFORMATION:

Physician / Clinic Name: _____ Telephone Number: _____

Medication: No Yes Type: _____ Special Instructions: _____

Medical Problems, medication, conditions, special needs, fears, behavior request or comments: _____

****If a refund is granted, a check will be issued to the adult noted and mailed to the address on file. It is the parent's responsibility to update any information as needed.****

Please remember the following is required each time for registration:

*Proof of Bell Gardens residency for reduced rate *Signed Release Form *Child must be toilet trained