

Make A Wave @ Kid's Klub



Dear Parent/Guardian:

The following information and signature of permission is required by you prior to your child/children participating in any SLMS Kids Klub extra-curricular activities. An individual form needs to be filled out for each child attending. However, you will only need to fill this form out one time unless the information below changes. If so, please promptly notify the director

Student Information:

Student Name: _____

Student Grade: _____

Contact Information

If there are questions or concerns while the child (listed above) is at SLMS Kids Klub I request the instructor to contact this person

Name _____ Relationship _____

Phone _____ Cell () Home () Other ()

Names of all individuals allowed to pick up my child: Identification must be presented at time of pick up. Please provide a contact phone # that can be reached between 3 PM – 7 PM.

Name _____ Relationship _____

Phone _____ Cell () Home () Other ()

Name _____ Relationship _____

Phone _____ Cell () Home () Other ()

Name _____ Relationship _____

Phone _____ Cell () Home () Other ()

Emergency Information

In case of accident or serious illness, I request the instructor to contact the person or persons listed below if I can't be reached:

Name _____ Relationship _____

Phone _____ Cell () Home () Other ()

Name _____ Relationship _____

Phone _____ Cell () Home () Other ()

Signature of Parent or Guardian _____ Date _____

Contessa Lopez

Special Notes for Director

Kids Klub Director

P O Box 26566

Fraser, MI 48026-6566

Phone:

Fax: 586- 773- 5856

Email: waveemail@ameritech.net

Names of Individuals who should not P/U Student

