

CLUB UU
School Vacation Registration Form

Children must be in grades K-4

Cost is \$150 per child

Hours are 9-1 Tuesday-Thursday April 16-18

Parent /Guardian: _____

Cell phone: _____

E-mail: _____

Child 1: _____
NAME (First & Last) Birth Date School Grade

Special Needs: _____

Allergies: _____

Child 2: _____
NAME (First & Last) Birth Date School Grade

Special Needs: _____

Allergies: _____

Child 3: _____
NAME (First & Last) Birth Date School Grade

Special Needs: _____

Allergies: _____

Emergency Contacts (in case parents cannot be reached)

Name: _____

Phone_____

Name_____

Phone_____

Pertinent allergy/medical information (inhalers, bee-sting medications etc.)
