



SONSHINE Kid's Club



Please PRINT the following information.

I give my permission for _____ | Grade _____
to attend the SonShine Kid's Club at the Atlanta School beginning October 8, 2024
I understand that I am responsible for providing transportation home at 4:30 p.m.

Mother

Father

Name: _____

Name: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Home: _____

Email: _____

Your Address: _____ City: _____ Zip: _____

Child's Date of Birth: ____/____/____

Food Allergies: _____

Other Allergies / Medications: _____

Emergency Contact: _____ Relationship: _____

Home Phone: ____/____/____ Cell: ____/____/____ Work: ____/____/____

Parent / Guardian's Signature: _____ Date: _____

(over)

Please inform us of any medical and/or emotional issues concerning your child.

Example: Separation or Divorce; Death in the family, etc.

→ If you can't pick up your child, we will bring them home.

→ We need a note on file stating you permit us to do so.

→ Club will be canceled if school is not in session for any reason.

**If your child will be attending SonShine Kids Club,
please return the filled out form to the child's teacher or the school office.**