

St. John's Kids Club

Midweek Program Registration

Child's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

Parent's e-mail: _____

Child's e-mail: _____

Child's Birthday: _____

Grade: _____

Food allergies: _____

Are you able to help with kids club? YES NO

If YES, how often?

Every week Every other week When available

Is there anything else that would be helpful for us to know about your child?


