



Wolf Pack Club

North Metro Flex Academy

BEFORE and AFTER school CLUB PROGRAM

During the School Year

Open Monday – Friday 7:00 AM – 8:30 AM and 4:00 PM – 5:30 PM

Individual Scheduled AM OR PM session \$10.00 each or \$15.00 for both sessions each day

(Special rate: \$70 for full week)

Drop in Session \$15.00 per session

Child Information

Grade _____ gender: M F

Name of Child (last) _____ (first) _____ (middle) _____

Preferred Telephone Number: _____

Home Address: _____

City _____ Zip _____

Birth Date: (mo.) _____ (day) _____ (year) _____

Please indicate the sessions your child will be attending by placing an X in the spaces below.

School Year Scheduled Care:

AM: M ___ T ___ W ___ TH ___ F ___ Approximate drop off time: _____

PM: M ___ T ___ W ___ TH ___ F ___ Approximate pickup time: _____

Drop-in care ONLY: _____

Medical Information

Child's Physician: _____

Clinic Name: _____ Phone: _____

***Does your child have any special medical requirements, allergies or history?

Circle YES or NO.

***Explain: _____

Child's Dentist: _____

Clinic Name: _____ Phone: _____

Do you want us to know anything else about your child?

Parent or Guardian Information:

Child resides with: please circle MOTHER FATHER BOTH OTHER

*Please attach additional information on other guardian

Mother's Name: _____

Address if different from the child's: _____

Place of Employment and work hours: _____

Work phone: _____ cell phone: _____

Email: _____

Father's Name: _____

Address if different from the child's: _____

Place of Employment and work hours: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Persons Authorized to remove Child from Facilities:

Name: _____

Phone: _____

Name: _____

Phone: _____

Emergency Contacts: In an emergency, these people may remove my child from the facilities.

Name: _____

Phone: _____

Name: _____

Phone: _____

For Office use: Registration fee paid _____ CK# _____ or cash _____

Date: _____