



2025/2026  
Galena Kids Club  
Before School  
Registration Form

1) \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

2) \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

3) \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**Parents/Guardians:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Cell: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Work: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Pick up:**

Person(s) allowed to pick-up children when parents/guardians are not available:

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact:**

When parents/guardians cannot be immediately reached, this person is also allowed to pick up

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Preferred Physician/Hospital** \_\_\_\_\_

**Does** your child (ren) have any known allergies/health concerns: \_\_\_\_\_

\_\_\_\_\_

**Does** your child(ren) take any routine medications \_\_\_\_\_ Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_