900 Fifth Street
International Falls, MN 56649
Phone: 218-285-7225
Fax: 218-285-7118
www.backusab.org

2011-2012 Registration for Backus Kids Club

Student's Name: _____ Birth Date: _____ Grade _____

Parents/Guardian Name: _____

Mailing Address: _____

_____

Home phone: _____

Work phone (Mom/Guardian): _____ (Dad/Guardian): _____

Does your child has permission to walk home from Backus: ____yes ____no

Doe your child have any allergies/medicine needs? Please explain: _____

_____

_____

Does your child have any special dietary needs? Please specify _____

_____

_____

Doses your child have any special childcare program needs? Please provide documentation. _____

_____

_____

Please tell us a little about your child: _____

_____

_____

Parent/Guardian Signature: _____

Date: _____

Registration Fee: $25 per Student
Service Charge per Student: $3.25 per Hour