

PANTHER KIDS' CLUB REGISTRATION FORM

CHILD INFORMATION			
First and Last Name	Date of Birth	Gender	Grade for 2025-2026

HOME CONTACT INFORMATION			
Email Address	Primary Phone Number (for emergency or sick child)	Home Phone Number	
Mailing Address	City	State	Zip Code
Mother's Name	Cell Number		
Place of Business	Work Number		
Father's Name	Cell Number		
Place of Business	Work Number		

STATE IN ORDER WHO CAN ASSUME TEMPORARY OR EMERGENCY CARE OF YOUR CHILD IN THE EVENT THAT A PARENT CANNOT BE REACHED			
Relationship	First and Last Name	Daytime Phone	City

Days of Attendance	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

This schedule will be set up as a contract with a weekly billing plan. You will be charged for these days/times each week of the school year, with the exception of

Christmas/New Year's Week.

In case of an accident or serious illness, I request that the Daycare/School contact me. If the Daycare/School is unable to reach me, I hereby authorize the Daycare/School to call the physician indicated below, following the advice on the correct type of care. If it is impossible to contact this physician, the Daycare/School may choose the necessary medical care facility. I also understand the school does not carry medical insurance.

Physician Name _____ Phone# _____

Date _____ Parent/Guardian Signature _____

Please list any health issues or concerns you have for your child. It is important for us to be informed of and aware of anything when supervising and caring for your child. _____

My child(ren) _____ has permission to go on any field trip within walking distance during the Panther Kids Club Daycare hours.

Michelle Olson, School Age Childcare Provider

Childcare phone #: 218-338-4079, ext. 500

Email: molson@pp.k12.mn.us

Our family is committed to this schedule and will call in advance to notify the school of any changes as soon as we are aware of them.

Notes:

Parent Signature _____

School Year Rates for PKC

2 Hours or Less Per Day \$9

More than 2 Hours Per Day \$16