

Neshaminy Kids Club  
Registration Form/Change/Drop  
P.O. Box 7232 / Penndel, PA 19047 / 215-757-2554

Start Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Grade \_\_\_\_\_

**Before School Schedule**(Circle) M T W Th F    **After School** M T W Th F

Note: Variable Schedules are a minimum of two (2) days a week.

Parent's Name \_\_\_\_\_ Cell phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_ Both \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Emergency Pick-up: \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Special Needs: \_\_\_\_\_ My child has NO special needs.  
\_\_\_\_\_ My child has special needs(Explain) \_\_\_\_\_

Where did you hear about Neshaminy Kids Club? \_\_\_\_\_

Registration Fee	\$40.00
Insurance Fee	<u>\$25.00</u>
Total Due	\$65.00

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission to Transport**

I, hereby request that my child, \_\_\_\_\_ be permitted to participate in field trips or other activities that would involve taking the child outside of the school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release**

I hereby GIVE / DO NOT GIVE permission to the Neshaminy Kids Cub to display the photograph of my child \_\_\_\_\_ on the Neshaminy Kids Cub website at [www.neshaminykidsclub.com](http://www.neshaminykidsclub.com)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Individualized Education Plan (IEP) &  
Individualized Family Service Plans (IFSP)  
Information**

Your child's growth and development is measured with developmental assessments. If you child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. **You do not have to provide this information if you do not wish to do so.**

\_\_\_\_\_ I am providing a copy of my child's IEP or IFSP

\_\_\_\_\_ I am NOT providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**EARLY DISMISSAL  
WHERE SHOULD YOUR CHILD GO?**

We need to be prepared in the event of early dismissal due to inclement weather or any other school emergency. On days when the Neshaminy School District in NOT in session, the Neshaminy Kids Cub program will NOT be held.

Your child has several options as listed below. Select Only One.

My Child \_\_\_\_\_

Classroom# \_\_\_\_\_ Teacher's Name \_\_\_\_\_

\_\_\_\_\_ Will take Bus # \_\_\_\_\_ home.

\_\_\_\_\_ Will be picked up at school by parent.

\_\_\_\_\_ Scheduled walker to home.

\_\_\_\_\_ Other \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_