

\$60.00 Registration Fee/Family

Grade student in: _____

Louisville Lion Cub Club

P.O. Box 465

Louisville, NE 68037

Director contact: Audrey Deloske

402-218-7699 or 402-234-4215 ext. 260

LOUISVILLE LION CUB CLUB REGISTRATION FORM

Child's Name: _____ Birth Date: _____

Date Care Begins: _____ Date Care Terminated: _____

Circle days to attend A.M.: Mon. Tues. Wed. Thurs. Fri. Arrival Time: _____

Circle days to attend P.M.: Mon. Tues. Wed. Thurs. Fri. Departure Time: _____

Parent or Guardian's home address and employment address:

Father's Name		Father's Employer	
Mailing address		Work Phone	
Street address		Cell Phone	
City/State/Zip		Email address	
Home Phone			

Mother's Name		Mother's Employer	
Mailing address		Work Phone	
Street address		Cell Phone	
City/State/Zip		Email address	
Home Phone			

Persons to whom the child may be released to by the care giver:

Name: _____ Name: _____

Phone: _____ Phone: _____

Person who will take responsibility for the child in an emergency when the Parent can't be reached:

Name: _____ Name: _____

Phone: _____ Phone: _____

Consent to contact physician in emergency:

In the event I can not be reached to make arrangements, I hereby give my consent to Audrey

Deloske, or her designate, to contact Doctor _____ at _____

Phone

Address

_____ and, if necessary, take my child to the following doctor, clinic or

City

Hospital: _____

Signature

Date

Current health status:

Any health problems of which caregiver should be aware of: _____

Medication, if any: _____

Allergies: _____

Physical Limitations: (glasses, hearing aid, crutches) _____

Company provided health and /or accident insurance coverage: _____

Any other Comments:

