

AFTER SCHOOL VAN TRANSPORTATION

SCHOOL:		GRADE in the Fall:			-	ROOM #:	
DISMISSAL TIME: _	Start dat	re: birti	HDATE:	/			CURRENT AGE:
	DAYS REQUIRIN	G PICK UP (PLEAS	SE CIRCLE)	M	T V	V TH	F
CHILD'S FULL NAME	FIRST	MIDDLE		LA	ST		
PARENT/GUARDIAN #1	NAME:			RELA	TIONS	SHIP TO	MEMBER:
PHONE (Home):		PHONE (Cell): _				_	
PARENT/GUARDIAN #2	! NAME:			RELATIONSHIP TO MEMBER:			
PHONE (Home):		PHONE (Cell): _				_	
assistance is nece I,entitled to legal authorize the Boy child to any x-ra care to be rende	custody of /s & Girls Club of N y, examination, ar	Noorpark & Simi Vanesthetic, medical	bounders, into work surgical neral or spe	eing p hose diagr	oarer , care nosis uper	nt, gua a mi I have or tro vision	ain whatever medical ardian or other person nor child, do hereby entrusted said minor eatment and hospital and under the advice agnosis or treatment
and hospital care Practice Act.	to be rendered to	said minor by a d	entist licens	sed un	ider ⁻	the pr	ovisions of the Denta
PARENT OR GUARDIAN	I SIGNATURE:						
							:
						Office Us	se Receipt #:



Van Transportation Rules & Regulations

Please be aware that it is the goal of the Boys & Girls Club of Moorpark & Simi Valley to provide the highest quality of service to you and your family for the lowest cost possible. Please help us to do so by reading and understanding the following:

✓ Fees are due and payable on the 1st of the month, no later than the 5th. If not paid by the 5th, your