



July 10-13, 2018
Walls Elementary School
900 Doramor Street, Kent, OH 44240

Please print legibly & return form by June 15, 2018

Child's Name: _____ Please check: Boy _____ Girl _____

Parents/Guardians: _____

Primary Phone: _____ E-mail Address: _____

Work Phone: _____ Cell Phone: _____

Home Address:

Emergency Contact: _____

Emergency Contact's Phone: _____

Please indicate any medical concerns, allergies or special needs:

Elementary School your child will attend in the fall: _____

Please circle your child's T-Shirt Size: XS (4-6) S (6-8) M (8-10) L (12-14)

Alternate Drivers:
Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

I give my permission for my child, _____ to participate in the Kent Junior Mothers Club Safety School Program. I waive claim for liability and injury that may be sustained during the course of the program.

Parent Signature & Date: _____

Please return this form by June 15, 2018 to Kent Junior Mothers, P.O. Box 3041, Kent, Ohio 44240 with a check in the amount of \$25.00 payable to Kent Junior Mothers. Need based scholarships available upon request.

