

# Saturday Club Registration - King

Office Use

Child 1 \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ M  F

Child 1 Special Needs \_\_\_\_\_

Child 2 \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ M  F

Child 2 Special Needs \_\_\_\_\_

Parent(s) \_\_\_\_\_ Child # 1  2  needs one-on-one care

Address \_\_\_\_\_ Home Phone \_\_\_\_\_


Email \_\_\_\_\_ Cell/Msg Phone \_\_\_\_\_



*I wish to register my child/children for the session(s) indicated:*

**Highland Community Ctr**  
14421 Bellevue-Redmond Rd  
Bellevue, WA

**Olympic View Kids' Club**  
At Olympic View Elementary School  
504 NE 95th St, Seattle, WA

**John Muir Kids' Corner**  
At John Muir Elementary School  
3301 S. Horton St, Seattle, WA

**Daytime Session: 10am-3pm**  
 January 9   
February 6

**Daytime Session: 10 am-3 pm**  
 January 16   
February 13   
**Evening Session: 4 pm-9 pm**  
 No evenings during this period.

No sessions held at John Muir during this period.

<b>PAYMENT</b>	<input type="checkbox"/> Child 1 @ \$35.00 x _____ = \$ _____	<input type="checkbox"/> Child 2 @ \$17.50 x _____ = \$ _____	<input type="checkbox"/> Child 3 @ \$17.50 x _____ = \$ _____	Check/Money Order <input type="checkbox"/>
	<b>TOTAL FEES</b> \$ <input type="text"/>			Credit Card on File <input type="checkbox"/>
	Bill total to this VS/MC: ____/____/____/____ Exp: ____/20____			DDD Client <input type="checkbox"/>
	Signature of Cardholder: _____			<b>Payment must be received in our office no later than 5 working days before the session your child will be attending.</b>

**Parent/Guardian Authorization:** My child (or ward) has permission to participate in the activities for which he/she is hereby enrolled. In the event that my child (or ward) is photographed, filmed or recorded while at Saturday Club, Camp Fire may use the photo, film or recording for publicity, promotional or instructional purposes. I have read and understand the registration policies and all details on this form.

Parent/Guardian Signature \_\_\_\_\_ (required) Date \_\_\_\_\_

Mail fee and registration form to:

**Special Saturday Club**  
**Camp Fire USA**  
4241 21st Ave W., Suite 200  
Seattle, WA 98199-1250



Please refer to the information packet for complete registration policies and information.