



Prairie Club Enrollment Form

Date: _____ Member Volunteer

Name: _____
(First) (Last)

Age: _____ Grade: _____ Male Female

Parent(s) or Guardian(s) Name(s): _____

Home Address: _____
(Street) (City) (Zip)

Main Phone: _____ cell home work
(Please check one)

Other Phone: _____ cell home work
(Please check one)

Email Address: _____

Do you have access to a computer? yes no

Emergency Contact Information

First Emergency Contact: Name _____
(First) (Last)

Relationship to member: _____

Main Phone: _____ cell home work

Secondary Phone: _____ cell home work

Second Emergency Contact: Name _____
(First) (Last)

Relationship to member: _____

Main Phone: _____ cell home work

Secondary Phone: _____ cell home work

Medical Information/Special Needs

Does the member listed have any medical condition/special need that may affect them while attending the Prairie Club? (This may include food/medication allergies and medications being taken).

No. There is no medical condition/special need that will affect the member.

Yes. There is a medical condition/special need that may affect the member.

If Yes, please explain. *This information will only be shared with essential personnel.*

Snacks

Snacks and drinks will be offered during some sessions.

Yes, my child can receive the provided snacks.

No, my child may not receive the provided snacks. *If No, please send snacks with your child.*

Transportation

Will the member be riding the Doane College van? Yes No

If Yes, will the member: walk home be picked up other _____
(Please specify)

If people other than parent(s)/guardian(s) will pick up the member, please list their information:

Name: _____ Phone: _____

Alternate Phone: _____

Name: _____ Phone: _____

Alternate Phone: _____

For adult parent or guardian:

By signing below, I grant permission for my child/dependent to be enrolled in the Crete Prairie Club:

Printed Name

Signature

Date