## Application for Lost Creek Ranch's

## After School Saddle Club N6842 570th St. Beldenville WI 54003

www.lostcreekranch.info

## Payment is due at time of registration.

715-273-6070

Please Fill Out Completely a Child's Name	and Print Clearly	with Ink							
Child's Name Last			First				Middle		
Child's Address					City		7		
Home Phone			Sex: M						
AgePresent	Grade							_	
Name of Child's School								<u>-</u>	
Address		Phone Number							
Time of Dismissal	e of Dismissal				Early Release Day Time of Dismissal				
ather/Guardian			Work # & ext				Cell#		
Mother/Guardian			Work # & ext				Cell#		
E-mail Address									
If parents are divorced, who	has custody? _	Mother	Father	J	oint	Other			
								_	
Release Information: (Che		•		. ,					
NO ONE except the	parents/guardiar	n should be allowed t	o pick up	the child	from this	program.			
The following persor Relationship).	is are authorized	to pick up the child t	rom the p	orogram a	nd/or be	reached duri	ng an emergency (list	names and	
Name:		Relationship:		Phone:_		Cell:			
Name:		Relationship:		Phone:_		Cell:			
Name:		Relationship:		Phone:_		_Cell:			
Emergency Information (n	nust provide tel	ephone numbers)						_	
Child's Doctor			Phone				_		
Child's Dentist		Phone							
I agree that the After School physician can be contacted		ay authorize the phy	sician of h	nis/her ch	oice to pr	ovide emerge	ency care if neither I r	nor the family	
Signature of Parent/Guardia				Date	_				
Permission for Transporta	ation Services:							_	
I give permission for my chil possibility of another school					the afore	ementioned s	school to Woodland H	orse Center with the	
Signature of Parent/Guardia	i <mark>n</mark>				Date		-		
								_	
Mark days that your	child will be a	attending Saddle	e Club:						
MondaysTu	esdays	Wednesdays		Thurs	days				