

CUB CLUB NORTH STONINGTON REGISTRATION FORM
2026/2027

STUDENT INFORMATION:

Student Full Name: _____

Date of Birth: _____ Current Grade _____

Address: _____

Phone Number: _____ Additional Number: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name: _____

Relationship to Student: _____

Phone Number: _____ Additional Number: _____

Email Address: _____

Parent/Guardian #2 Name: _____

Relationship to Student: _____

Phone Number: _____ Additional Number: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 Name: _____

Relationship to Student: _____ Phone Number: _____

Emergency Contact #2 Name: _____

Relationship to Student: _____ Phone Number: _____

Emergency Contact #3 Name: _____

Relationship to Student: _____ Phone Number: _____

AUTHORIZED PICKUP LIST:

The following individuals are authorized to pick up my child from Cub Club. A valid identification will be required.

Authorized Pickup #1 Name: _____

Relationship to Student: _____ Phone Number: _____

Authorized Pickup #2 Name: _____

Relationship to Student: _____ Phone Number: _____

Authorized Pickup #3 Name: _____

Relationship to Student: _____ Phone Number: _____

INDIVIDUALS NOT AUTHORIZED FOR PICKUP

For the safety of my child, the following individuals are NOT permitted to pick up my child under any circumstances:

NOT AUTHORIZED #1 Name: _____

Relationship to Student: _____

Notes (optional): _____

NOT AUTHORIZED #2 Name: _____

Relationship to Student: _____

Notes (optional): _____

NOT AUTHORIZED #3 Name: _____

Relationship to Student: _____

Notes (optional): _____

ALLERGY & MEDICAL INFORMATION

Does the student have allergies? Yes _____ No _____

If yes, please list all allergies: _____

Required Medications (if any): _____

Special Instructions (if applicable): _____

Does the student have any other concerns the program director should be aware of to best support the student: _____

PHOTO RELEASE AUTHORIZATION

I grant permission for my child to be photographed and/or recorded during Cub Club activities. I understand that these images or recordings may be used on the school website, newsletters, and social media platforms.

_____ Yes, I give permission

_____ No, I do not give permission

Parent Signature: _____

CUB CLUB REGISTRATION AUTHORIZATION

I certify that the information provided above is accurate and complete. If any information changes, I will contact Cub Club's director immediately and update the student registration forms. I have attached the \$25.00 registration fee with this registration form. Checks are made payable to Cub Club.

Parent Signature

Date