



PUSD Kids Club
Accounting Information
(Please print or fill out online)

(To be completed by the child's Parent / Guardian / Authorized Representative and updated as changes occur)

Child's name: <i>(last name, first)</i>	Gender M / F	Grade	Date of Birth
Child's name: <i>(last name, first)</i>	Gender M / F	Grade	Date of Birth
Child's name: <i>(last name, first)</i>	Gender M / F	Grade	Date of Birth
School Name:			
Person Responsible for Account		Relationship to child:	
Address:		Cell Phone:	
City & Zip:		Alternate Phone:	
Email:			
Secondary Contact's Name:		Relationship to child:	
Address:		Cell Phone:	
City & Zip:		Alternate Phone:	
Email:			

I understand that by signing this form, I am the sole person responsible for this account, regardless of marital status or parent/guardian relationship. This means that I am financially responsible for all fees pertaining to the children listed on this form. I also understand that the monthly statements will be emailed to the people listed on this form to the email address provided.

Signature of Person Responsible for Account

Date