

## WBGC KidConnect Application 2025-2026

Please carefully read and sign each section and submit with your \$125.00 registration fee

Child's name:		DOB:		Current Age:	
2025-26 Grade:	School attending:				
Primary language:					
Child's Primary address:					
Stre	eet Address	City		State	Zip
Parent/Guardian Contact Inform	nation (MUST be complet	ted)			
Name:				_	
Address (if different than above)	:				·
	Street Address	City	State	Zip	
Tel 1:	Tel 2:				
Email:					
Requested Schedule & Tuition R	ates:				
Please check the requested sche		icipation in the Kid	dConnect pro	ogram:	
$\Box$ 5-day option (Mon – Fri) = \$47					
☐ 3-day option (M/W/F) = \$320.	.00 per month				
$\Box$ 2-day option (T/Th) = \$210.00	ner month				

Child's Health & Behavioral Information:											
Special limitations or concerns (dietary restrictions, allergies, medication, physical limitations, etc.)											
Has your child been diagnosed or treated for	r (Pleas	se circle	answer):								
Developmental Delays Yes No			Behavioral Disorders	Yes	No						
Does your child have an IEP at school?	Yes	No									
Does your child have a 1:1 aid at school?	Yes	No									
If you answered yes to any of the above que helpful information with staff to help ensure		=		ıportant	t or						
Please note that Watertown Boys & Girls Cluspecialized care or supervisory requirements			•	•							
Parent/Guardian signature:			Date:								