WATERTOWN
BOYS & GIRLS CLUB

WBGC *KidConnect* Application 2026-2027

Please carefully read and sign each section and submit with your $125.00 non-refundable registration fee

Child's name: _____ DOB:_____ Current Age: _____

2026-2027 Grade: _____ School attending: _____

Primary language: _____ Gender: _____

Child's primary address: _____

Street Address *City* *State* *Zip*

<u>Parent/Guardian Contact Information</u> (*MUST be completed*)

Name: _____

Address (if different than above): _____

Street Address *City* *State* *Zip*

Tel 1: _____ Tel 2: _____

Email:																										

<u>Requested Schedule & Tuition Rates:</u>

Please check the requested schedule for your child's participation in the KidConnect program:

☐ 5-day option (Mon – Fri) = $500.00 per month

☐ 3-day option (M/W/F) = $330.00 per month

☐ 2-day option (T/Th) = $230.00 per 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 (Please 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 questions, please use the space below to share any important or helpful information with staff to help ensure a successful experience:

_____

_____

Please note that Watertown Boys & Girls Club is unable to provide 1-to-1 care/supervision. If your child has specialized care or supervisory requirements, please contact us to discuss prior to enrolling in the program.

Parent/Guardian signature: _____ Date: _____