



ACTIVITY ENROLLMENT FORM

Activity Location: _____

Activities Offered: _____

Activity Information: _____

Document presented to verify member eligibility*

__ Member ID Card

__ Other

**Review only. Do not retain copies.*

Child(ren)'s Name(s)

Age(s)

KanCare Member ID#

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Name: _____

Contact Information (phone or email): _____

Parent/Guardian Signature: _____ Date: _____

Complete this form and take it to your nearest:

Recreation Center Details: _____



Call us.

If you have questions about this benefit,
please call Member Services at

1-877-542-9238 (TTY: 771)

