



## 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)**

