

Learn and Play Registration 2018-2019

Child's Name _____ Nickname _____

[] Female [] Male Date of Birth _____ Home Phone _____

Home Address: _____

City, State, Zip _____

Father's Name _____

Work Number: _____ Cell Number: _____

Mother's Name _____

Work Number: _____ Cell Number _____

Email address: _____

Guardian (if different from above) _____

Siblings

Name: _____ Age _____

Name: _____ Age _____

Allergies (food, insects, etc.) _____

Health Issues (asthma, etc.) _____

Emergency Contact;

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Physician Name _____ Phone _____

I agree to abide by the policies of the Learn and Play Program. I understand this is a cooperative program with parents participating in the learning process.

Parent Signature: _____ Date: _____

I give the First United Methodist Church permission to post pictures of my child at Learn and Play on the church Facebook page and/or website.

Parent Signature: _____ Date: _____