

Learn and Play Registration 2019-2020

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: \_\_\_\_\_