

# Lil' Angels Registration Form

20\_\_-20\_\_

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Child Lives with (circle one):

Both Parents Father Mother Other \_\_\_\_\_

Is this a returning student? YES NO

Has the child ever been enrolled in any other similar program? YES NO

If yes, which one? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## Medical Info

Regular Medications: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

*\*Please note that for the safety of all our students, we are a NUT FREE facility.*

Special Health Considerations: \_\_\_\_\_

\_\_\_\_\_

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Special Health Considerations: \_\_\_\_\_  
\_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mother's Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_

Are you willing to be a substitute teacher when needed? Yes \_\_\_ No \_\_\_

**Father's Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_

Are you willing to be a substitute teacher when needed? Yes \_\_\_ No \_\_\_

**Emergency Contact #1** *(This is to be used if we are unable to contact the parents or primary guardians.)*

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

## Emergency Contact #2

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

## Person(s) Authorized to Pick Up Children *other than Parents/Guardians*

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

## Medical Treatment Authorization

In the event that I cannot be contacted immediately, I authorize medical treatment for my children prescribed by a treating physician, and I agree to hold BMUMC and its employees harmless.

\_\_\_\_\_  
*Initials*

**PHOTO/VIDEO RELEASE** *(For use in school brochures, slideshows and similar church related presentations.)*

I give my consent to Button Memorial UMC Kids' Day Out that my children, \_\_\_\_\_, may be photographed and/or video taped during KDO affiliated activities. The photos, videos, and/or stories may be used in connection with any work of BMUMC and release BMUMC from any claims that may arise with regard thereto.

\_\_\_\_\_  
*Initials*

## Agreement Statement

I have received and read the Policies and Procedures for Lil' Angels Kid's Day Out, and by signing below, I agree to abide by the rules set forth by the KDO Administration and School Board of Button Memorial United Methodist Church.

**Authorized Signature(s)**

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Printed Name Relationship

\_\_\_\_\_  
Signature Printed Name Relationship