

# Play Day Registration Form 2011-2012

## Child's Information

Child's full name: \_\_\_\_\_

Name child goes by: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: M/F

Child's home address: \_\_\_\_\_

Child's home phone number: \_\_\_\_\_

## Parent or Guardian Information

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's address: \_\_\_\_\_

Father's occupation and place of employment: \_\_\_\_\_

Work phone and/or cellular phone number: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's address (if different than father's): \_\_\_\_\_

Mother's occupation and place of employment: \_\_\_\_\_

Work phone and/or cellular phone number: \_\_\_\_\_

Parents' marital status: \_\_\_\_\_

## Family Information

Brothers and/or sisters (please indicate ages and whether they live with the child):

Name: \_\_\_\_\_ age: \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_

## Program Selection Form

I wish for my child to be enrolled in the following program:

\_\_\_\_\_ Tuesday Lunch Bunch (Only for children enrolled in Three Springs Preschool)

\_\_\_\_\_ Friday Play Day

Church you attend: \_\_\_\_\_ Name of pastor: \_\_\_\_\_

Where did you hear about our play day?

\_\_\_\_\_ Shiloh UMC

\_\_\_\_\_ Newspaper

\_\_\_\_\_ Outdoor signs

\_\_\_\_\_ Preschool families

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

## Emergency Contacts and Medical Permission Form

Name of adult who will assume responsibility if parents cannot be located:  
(At least one contact needs to be local)

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

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

Family Physician:

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

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

**Permission to seek medical help:**

**If you and the physician of your choice as indicated above cannot be reached in an emergency, and if, in the judgment of the Shiloh UMC Play Day staff, immediate medical and/or hospital attention is needed, do you authorize responsible Shiloh UMC Play Day staff to send your child (properly accompanied) to an available hospital or physician, being aware that you are responsible for any charges incurred?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Date** \_\_\_\_\_

**Hospital of choice:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_