



REGISTRATION

One form per child
Amount paid (check one)
<input type="checkbox"/> \$32/Child
<input type="checkbox"/> \$80/Family

Grade (in the fall) _____

Full Name _____ Age _____ Birthdate _____

Address _____

Phone _____ Cell _____

Email _____

Parent/Guardian Name(s) _____

Emergency Contact (other than Parent/Guardian) _____ Phone _____

Allergies or health conditions yes no If yes, give details _____

I hereby give my permission for a registered nurse to administer first aid in the event it becomes necessary in my absence.

Parent/Guardian's signature

FIRST UNITED METHODIST CHURCH
PASADENA, CA



OFFICE USE ONLY:
PD Y or N