 **Hay Street United Methodist Church ASC**

**2017-2018 Registration Form**

**School attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Full Name:** |  | Sex: Male Female | | | | | | |
| Address: |  | City: |  | State: | |  | Zip: |  |
| Date of Birth: |  |  | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Contact** | | Relationship to Child: |  | | | | | | | |
| Full Name: |  | | Drivers License State & Number: | | | | |  | | |
| Address: |  | | City: |  | | State: |  | | Zip: |  |
| Cell Phone: |  | | Home Phone: | |  | | | | | |
| Employer: |  | | Work Phone: | |  | | | | | |
| Email address: |  | |  | | | | | | | |
| Notify me of closures & events by: Phone Email Mail | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Secondary Contact** | | Relationship to Child: |  | | | | | | |
| Permission to pick up child? Yes No | | |  | | | | | | |
| Full Name: |  | | Drivers License State & Number: | | | |  | | |
| Address: |  | | City: |  | | State: |  | Zip: |  |
| Cell Phone: |  | | Home Phone: | |  | | | | |
| Employer: |  | | Work Phone: | |  | | | | |
| Email address: |  | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Contact** | | Relationship to Child: |  | | | | | | |
| Permission to pick up child? Yes No | | |  | | | | | | |
| Full Name: |  | | Drivers License State & Number: | | | |  | | |
| Address: |  | | City: |  | | State: |  | Zip: |  |
| Cell Phone: |  | | Home Phone: | |  | | | | |
| Employer: |  | | Work Phone: | |  | | | | |
| Email address: |  | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical Emergency Information** | |  | | | | | | | |
| Child’s Physician: |  | Phone: | |  | | | | | |
| Address: |  | City: |  | | | State: |  | Zip: |  |
| Insurance Carrier: |  | Policy Number: | | |  | | | | |
| Known Allergies: |  |  | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name: |  | Parent’s Signature: |  | Date: \_\_/\_\_/\_\_\_\_ |

**How did you hear about our ASC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**