 **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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**