

MMO 2018-2019

Identification and Emergency Information

Registration Information

Child's Last Name _____ First _____ To Be Called _____
Birth date ____/____/____ Boy ____ Girl ____ State or Country Of Birth _____

1 Day a Week Program (Monthly Tuition: \$110)

Wednesdays | 9:15am-11:30am

2s

Age 2 by November 1, 2018

Family Information

Address _____ Primary Phone _____
City _____ Zip Code _____ Primary E-Mail _____

Mother's First/Last Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Father's First/Last Name _____ Cell Phone _____

Occupation _____ Work Phone _____

Siblings Living At Home:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Person Responsible For Tuition Payments: _____ Same address as above

Name _____ Address _____ City _____ Zip _____

Medical Information

Child's Physician _____ Phone _____

Emergency Hospital Preference _____ Phone _____

Known Allergies, Medications, or Food Restrictions _____

Toilet Trained: Yes ____ No ____ In Progress ____ (not required)

Persons Authorized to Pick-up Child OR To Be Called In An Emergency (Other Than Parents)

Name _____ Local Phone _____

Name _____ Local Phone _____

Name _____ Local Phone _____

Names of the above are authorized to take child from MMO. Child will not be allowed to leave with any other person without authorization from the parent or guardian.

I hereby give my permission for my child to participate in all MMO activities at Walnut Creek Presbyterian Church. In case of an emergency, if Parent or Guardian cannot be reached, I authorize a school representative to make the necessary arrangements for my child to receive medical or hospital care, including transportation. If my doctor is not available, I authorize any licensed physician or surgeon to treat my child. Any expenses incurred will be accepted by me.

Signature of Parent or Guardian

Date

A ministry of Walnut Creek Presbyterian Church

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