



Wonderful Wednesday Registration Form

PLEASE PRINT

Name of child:	Birth Date:	Age:
Address:	City & Zip:	
School:	Grade:	Teacher:
Home Number:	Cell Phone Number:	
Father's Name:	Mother's Name:	
Emergency Name & Phone Number:		
<p>Transportation Release:</p> <p>I give my child _____ permission to travel on the church van/bus with Springfield United Methodist Church from his/her school to participate in the weekly Wonderful Wednesday After-School Program. I further understand that it is my responsibility to inform the school each week by note as to whether my child will be traveling with the Springfield United Methodist Church drivers.</p> <p>Medical Release:</p> <p>I (We) understand that, in the event medical treatment and/or transportation is required, every effort will be made to contact me (us). However if I/we cannot be reached, I/we give permission to the staff or sponsor of Springfield United Methodist Church to secure services of a licensed physician and/or licensed paramedics to provide necessary care for my child/children's well being</p>		
Parent Signature:	Date:	
<p>Allergies/Special Needs:</p> 		
<p>Pick up Procedure:</p> <p>Please list individuals (and there relationship) who have permission to pick up your child each week</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		