

Bartlett United Methodist Church
5676 Stage Road
Bartlett, TN 38134
388-1698, (FAX) 386-9927
Kid's Day Out
REGISTRATION FORM

SUMMER
C1__C2__T1__T2__T3__
MON____THURS____

FALL
C1__C2__T1__T2__T3__
MON__THURS__FRI__

GENERAL INFORMATION

CHILD'S NAME _____ **BIRTHDAY** _____

MOTHER'S NAME _____

HOME PHONE _____ **CELL/PAGER** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

EMPLOYED BY _____ **WORK PHONE** _____

FATHER'S NAME _____

HOME PHONE _____ **CELL/PAGER** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

EMPLOYED BY _____ **WORK PHONE** _____

EMERGENCY INFORMATION – (please provide a name and # of someone other than self)

EMERGENCY CONTACT _____ **PHONE** _____

EMERGENCY CONTACT _____ **PHONE** _____

PHYSICIAN _____ **PHONE** _____ **CHART #** _____

FOOD ALLERGIES _____ **REACTION** _____

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Please read the following agreement carefully before signing.

This non-refundable registration fee in the amount of \$40 assures your child a place in our KDO program if all of the enrollment material is provided to us by May 18, 2012. In addition to the enrollment material, you will be required to pay your last month's tuition by this specified date. This tuition will be forfeited if notice of withdrawal from our KDO is not received in writing at least 30 days in advance.

I agree to these terms. Signed _____ *Date* _____