

SUMMER - \$30. Registration Fee

MDO Covenant Lutheran Church Registration Form

Today's Date _____

Child's Information

Name _____ Years _____ Months _____

Allergies _____ City _____ ZIP _____

Age _____ (months)

_____ Registration \$30

_____ Half Day 9:00-12:00 (\$160 cash/check - credit card \$165)

_____ Full Day 9:00-2:00 (\$190 cash/check - credit card \$195)

Parent's Information

Primary

Secondary

Full Name _____

Address _____

Cell Phone _____

Email _____

Emergency Contact Name: _____ Phone#: _____

List 3 people other than the child's parents who will be authorized to pick up your child. A photo ID must be present at time of pick up.

1. _____ 2. _____ 3. _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

Name of Physician: _____ Address: _____ Phone# _____

Hospital: _____ Address: _____ Phone# _____

I give consent for the staff at Covenant Lutheran MDO to secure any and all necessary emergency medical care for my child.

_____ Date: _____

Signature of Legal Guardian

List any special problems that your child may have such as allergies, existing illnesses, previous serious illnesses, injuries and/or hospitalizations during the past 12 months, any medications prescribed for long term continuous use, and any other information which the caregivers should be aware of on the back of this form.

Enrollment Date: _____ Registration Fee Paid: _____ Received Shot Records: _____