

**BROAD STREET UNITED METHODIST CHURCH
CHILDREN'S LEARNING CENTER
SCHOOL YEAR 2009-2010**

CHILD'S NAME _____ SEX _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BIRTHDATE _____ AGE _____

FATHER'S NAME _____ WORK PHONE _____ CELL PHONE _____

MOTHER'S NAME _____ WORK PHONE _____ CELL PHONE _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*other than parents*).

NAME _____

ADDRESS _____

PHONE _____ RELATIONSHIP _____

NAMES AND PHONE NUMBERS OF PERSONS OTHER THAN PARENTS TO WHOM THE CHILD MAY BE RELEASED.

1. _____ 2. _____

3. _____ 4. _____

PHYSICIAN _____ PHONE _____

ALLERGIES/SPECIAL MEDICAL CONDITIONS/MEDICATIONS BEING TAKEN _____

INSURANCE COMPANY _____

SUBSCRIBER ID# _____ GROUP# _____

SCHOOL YEAR 2009-2010		
_____ Mondays	_____ Wednesdays	_____ BOTH days (M,W)
_____ Tuesdays	_____ Thursdays	_____ BOTH days (T,TH)

This facility is not required to be licensed by the State of TN as a child-caring agency.

In the event of an illness or an accident which requires immediate medical treatment at a time when a parent/guardian cannot be reached, I give my permission to Danielle Maize, Children's Learning Center Director, or other personnel designated by the Director to authorize necessary treatment. I will not hold Broad Street United Methodist Church, its employees, or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents/guardians, the child's physician, and other persons listed for emergency contact.

Parent/Guardian Signature _____ Date _____

**Return this completed form, immunization record, and \$45.00 non-refundable registration fee to:
Broad Street Children's Learning Center
P.O. Box 3
Cleveland, TN 37364-0003**