

**CHILDREN'S ENRICHMENT**  
**Aledo United Methodist Church 817-441-8329**  
**Registration 2024-2025**

Child's Name \_\_\_\_\_ Likes to be called \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Fathers Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business/Cell \_\_\_\_\_ Business/Cell \_\_\_\_\_

e-mail \_\_\_\_\_

Member of AUMC \_\_\_\_\_ Church Affiliation (If not AUMC) \_\_\_\_\_

Other children in the family and their ages \_\_\_\_\_

List Allergies/Special Needs \_\_\_\_\_

**PLEASE CHECK CLASS PREFERENCE:**

Two Year Old (M & W) \_\_\_\_\_ Three Year Old (M-T-W) \_\_\_\_\_ Pre-K (M-T-W) \_\_\_\_\_ PreK(MTWT) \_\_\_\_\_

When a child is brought to school, leave him/her only with a staff member. The child will be released only to you, or to a person designated in writing by you, or persons listed below.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

If parent cannot be reached, in case of EMERGENCY, notify:

1. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Names of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical care, I hereby authorize the DIRECTOR to give consent for any and all necessary emergency medical treatment for my child when the child is in this individual's care. I agree to abide by all CED policies and procedures which are found in the handbook. I hereby release Aledo United Methodist Church and employees from any and all liability while students are on church property and/or being transported by CED employees.

\_\_\_\_\_  
Date Parents Signature Director's Signature

Registration Fee is Non-refundable.