

CHILDREN'S ENRICHMENT DAYS
Aledo United Methodist Church 817-441-8329
Registration 2025-2026

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.
