

**Kid's Day Out! Registration Form**  
**9:00 a.m.-1:30 p.m.**

<b>Parents Name</b>	
<b>Address</b>	
<b>Email</b>	
<b>Emergency Phone</b>	

<b>1<sup>st</sup> child's Name</b>	
<b>Age</b>	
<b>Allergies</b>	

<b>2<sup>nd</sup> child's Name</b>	
<b>Age</b>	
<b>Allergies</b>	

<b>3<sup>rd</sup> child's Name</b>	
<b>Age</b>	
<b>Allergies</b>	

**Name of person authorized to pick up child/ren:**

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**Peace United Methodist Church is authorized to act on my behalf in case of a medical emergency. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and to give consent to any and all such diagnosis, treatment or hospital care which a licensed physician in the exercise of his/her best judgment may deem advisable. This shall remain effective through May 2010.**

**Signature of Parent/Legal Guardian**

\_\_\_\_\_ **Date:** \_\_\_\_\_