

PALS



the Mothers' Morning Out
at Trinity United Methodist Church
30 years of ministry to children and families

Kindergarten Registration Form

Child's Name _____ Birthdate _____

Mother's Name _____

Father's Name _____

Contact Information

Address _____

Street

City/State

zip

Email _____ Home Phone _____

Cell Phone _____ Mother's number during PALS _____

Father's Number during PALS _____

Medical Information

Child's Physician _____ Phone _____

Allergies _____

Food Restrictions _____

Emergency Contact

Please list two people, other than parents, to notify in an emergency

Name _____ Phone _____

Name _____ Phone _____

Release Information

Your child will be released to only authorized persons listed on this form. In case of unforeseen circumstances, please give the name/phone number of any other person who may pick up your child.

Name _____ Phone _____

Name _____ Phone _____

Payment Options

I will pay tuition monthly _____ I will pay the full year's tuition in August (5% discount) _____

I will pay for Aug.-Dec. tuition in August and Jan.-May tuition in January (3% discount) _____

Additional Information

Child's favorite toys _____

Child's favorite types of play _____

Child's dislikes or fears _____

Father's Employment _____ Phone _____

Type of work _____

Mother's Employment _____ Phone _____

Type of work _____

Parent's marital status (circle one): married single divorced separated widowed

Names of siblings and ages _____

Names of anyone else who lives at your home and their relationship to your child _____

Where is your child on weekdays when they are not at PALS? Please check all that apply:

At home with mom/dad _____ With a grandparent/other relative _____

Daycare _____ Other _____ Please explain _____

Is there anything else we should know about your child/family in order to meet your needs?

Emergency Consent:

Our policy is to notify a parent when a child is ill or needs medical attention. If an emergency arose and your child needed medical care, and we could not reach you, we would take your child to the emergency room at Floyd Medical Center. Please sign below so we can take appropriate action on behalf of your child.

I hereby give my/our consent for my/our child, _____,

when ill/injured, to be taken to the emergency room at Floyd Medical Center by the staff of PALS when I/we cannot be contacted. I consent to an ambulance being called to transport my child, if necessary. I further agree to pay all costs incurred for care and transport.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I have read the PALS brochure and understand that PALS is not required to be licensed by the State of Georgia. And the PALS complies with all zoning, fire and health department requirements.

Signature _____