



Wednesday's Parent Day Out Program
2018-2019 Registration Form

Child's First Name	Middle Initial	Child's Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Nickname	Gender	Birth Date (month/day/year)	
<input type="text"/>	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="text"/>	
Parent's Names (First & Last)			
<input type="text"/>			
Home Address:			
<input type="text"/>			
City	State	Zip Code	Email
<input type="text"/>	MN	<input type="text"/>	<input type="text"/>
Phone Numbers: (H)	(W)	(C)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

We are: Advent Members Local Community Member

We learned about ADVENTure Kids from:

Friend/relative Neighbor Social Media Church

My child is up to date on their immunizations (including MMR, DTP). <input type="checkbox"/> Yes <input type="checkbox"/> No	List any drug or food allergies OR special needs:
---	---

Photo Permission By checking this box you are giving permission for your child's/children's photograph to be used in church publications, online – on the church website and Smugmug, where pictures are displayed but identities are not revealed.

1. Fill out all boxes.
2. Enclose Registration Fee (\$40/1 child; \$60/2+children)
3. Tuition is \$70/month for 1 child, \$135/month for 2 children. Tuition is due on the 1st Wednesday of each month. Drop tuition off at Advent United Methodist Church. Make checks payable to ADVENTure Kids
4. Mail Registration Form to:
Advent United Methodist Church
3945 Lexington Avenue South
Eagan, MN 55123
Attn: Beth Burnett, Director
651-454-3944 Ext. 21
adventurekids@advent-umc.com