

## Wednesday's Parent Day Out Program 2020-2021 Registration Form

| Child's First Name   | Middle Initial               | Child's Last Name                            |
|--|------------------------------|--|
|  |                              |  |
| Nickname   | Gender                       | Birth Date (month/day/year)                  |
|  | ☐ Male or ☐ Female           |  |
| Parent #1 First and Last Name  |                              |  |
| Daniel #4 Dhana Numbana  |                              | F  |
| Parent #1 Phone Numbers  |                              | Email  |
|  |                              |  |
| Parent #2 First and Last Name  |                              |  |
|  |                              |  |
| Parent #2 Phone Numbers  |                              | Email  |
|  |                              |  |
| Home   |                              |  |
| Home<br>Address:   |                              |  |
| City   | State Zip Code               |  |
|  | MN                           |  |
| We are: ☐ Advent Members ☐ Community Member  |                              |  |
| We learned about ADVENTure Kids from:  |                              |  |
| ☐ Friend/relative ☐ Neighbor ☐ Social Media ☐ Church   |                              |  |
| List any drug or food allergies  | AND/OR special needs:        |  |
|  |                              |  |
|  |                              |  |
| My child is up to date on their imp  | nunizations including MMAD s | and DTP. Please attach a convior most recent |
| My child is up to date on their immunizations, including MMR and DTP. Please attach a copy of most recent immunizations. |                              |  |
| ☐ Yes ☐ No   |                              |  |



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☐ **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, Facebook, and Smugmug, where pictures are displayed but identities are not revealed.

- 1. Please fill out all boxes.
- 2. Attach a copy of current immunizations; including MMR and DTP.
- 3. Attach non-refundable registration Fee (\$40/1 child; \$60/2+children). Make checks payable to Advent Church.
- 4. Tuition is \$70/month for 1 child, \$135/month for 2 children. Tuition is due on the 1<sup>st</sup> Wednesday of each month.
- 5. Mail or drop off 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

We look forward to having your child with us!