

Special Needs? Please Specify

Children's Registration Form 2009

Parent/Guardian Name _____
Address _____
Home phone # (____) _____ cell phone (____) _____
email address _____

Child(ren) to be registered:

Name _____ Age _____ Birthdate _____
Name _____ Age _____ Birthdate _____
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Name _____ Age _____ Birthdate _____

Childcare will be available from 8:30 am to 5:30 pm at Bethany Mennonite Church.
Noon meals will be provided.
A list of activities and additional costs will be mailed/emailed to you.

Waiver of Responsibility for parents to sign...

"We agree to hold blameless the caregivers and to shoulder full responsibility for the costs of care resulting from accidental injury or death incurred during the time our child(ren) is/are in the care of childcare workers."

Signature _____ date _____

