

Playgroup Registration Form

Child's name _____ DOB ____/____/____

Preferred day: Monday Tuesday Either Day

Home church (if any): _____

Adult participating with child in playgroup _____

Child's Address _____ Home Phone Number ____-____-____

Mother's Name _____ Contact Number ____-____-____

Father's Name _____ Contact Number ____-____-____

Allergies, Medications or limiting conditions that we should be aware of for the safety of your child ...

Emergency contact Name _____ Phone Number ____-____-____

I give permission to use photos of my child and myself in future promotional literature (circle one) YES NO

I give permission for my child to participate in Playgroups at Peace.

Parent Signature _____ Date ____/____/____

Email address (optional): _____