

Presby Lil' Kids Morning Out Registration Form

First Presbyterian Church, Manhattan, Kansas

(Rev. 7/2015)

Date: _____

Child's Information:

Name: _____

Birthday: _____

Allergies: _____

Medications: _____

Special Needs or Concerns: _____

Parent/Guardian Information:

Name: _____

Cell Phone # _____

Name: _____

Cell Phone# _____

Address(es): _____

Email (primary): _____

Email (secondary) _____

- Alternate Emergency Contact:

Name _____

Contact Phone # _____

Relationship to child _____

Needed Signatures:

- In case of emergency and I or the emergency contact cannot be reached, I give my permission for the leaders of First Presbyterian's Lil' Kids Morning Out to seek the necessary medical care for my child,

(please print child's name)

Parent/Guardian Signature

Date