



**EARLY CHILDHOOD ENRICHMENT
CLINTON UNITED METHODIST CHURCH**

Date_____

Full Name of Child_____

Name that your child goes by_____

Birth Date_____ Home Phone_____

Address_____

street or box city state zip code

Full Name of Father_____

Full Name of Mother_____

Business Name & Phone of Father_____

Business Name & Phone of Mother_____

Cell Phone Numbers (for emergency)_____

Email address_____

EMERGENCY NAME AND PHONE NUMBERS:

Physician_____ Phone_____

Names of persons to call if we cannot reach you during an emergency:

Name_____ Phone_____

Name_____ Phone_____

NAMES AND PHONE NUMBERS OF PERSONS TO WHOM WE MAY RELEASE YOUR CHILD:

Name_____ Phone_____

Name_____ Phone_____

Name_____ Phone_____

Does your child have any allergies?_____

Please give any additional information you think might be important for us to have:
