



## 2011-2012 KIDZONE ENROLLMENT FORM

Woodlake United Methodist Church

*This form can include information for all children in one family enrolled in any **KidZone** program.*

### **PARENT INFO:**

Mom's Name: \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone (Mom): (\_\_\_\_) \_\_\_\_\_ Cell Phone (Dad): (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

***NOTE: Most communication is sent through email!***

### **Alternate Emergency Contact:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

### **STUDENT INFO:**

**Fill out a section for each child participating in a KIDZONE program:**

**Student Name:** \_\_\_\_\_ M \_\_\_ F \_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ (As of Sept. 1 of this year) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any known allergies or conditions we should be aware of?  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_ M \_\_\_ F \_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ (As of Sept. 1 of this year) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any known allergies or conditions we should be aware of?  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_ M \_\_\_ F \_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ (As of Sept. 1 of this year) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Any known allergies or conditions we should be aware of?  
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