

LITTLE ANGELS Early Learning Program
Good Shepherd United Methodist Church
2022-2023 REGISTRATION FORM

Child's Name _____ Preferred Nickname _____
Date of Birth _____ Parents' Names _____
Address _____ City/Zip _____
Returning family? Yes No Referred by: _____ Member of Good Shepherd UMC? Yes No

Please include the registration fee with this form. Make checks payable to: Little Angels.
Please include a copy of your child's birth certificate and immunizations record.

Phone Numbers:

Home _____ Email _____
Mom Work _____ Dad Work _____
Mom Cell _____ Dad Cell _____

Please list two people who we could call if parents cannot be reached in case of emergency:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

People (not including parents) with whom child may leave Little Angels regularly (for ex: carpool):

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

People (not including parents) with whom child may leave Little Angels occasionally (such as in an emergency situation):

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Medical Information:

Child's Doctor _____ Phone _____

Hospital Affiliation _____

Are child's immunizations current? Yes No Date of last exam _____

Allergies _____

Special Health Conditions _____

Parent Concerns
(Social development/language/behavior) _____

Is your child currently enrolled in: Speech Therapy _____ Occupational Therapy _____ Early Intervention _____

Medications _____

In case of emergency, every effort will be made to contact a parent or emergency contact. However, if unable to contact, I give permission to Good Shepherd UMC and Little Angels staff to perform CPR if needed and to secure the services of a licensed physician to provide the care necessary, including anesthesia or call an ambulance, for my child's well being.

Parent/Guardian Signature _____ Date _____

Office Use Only: Date Rec'd _____ Amt Pd _____ Check # _____ Class _____ Sib _____