

Learning Zone 2009-2010 Registration Form

Parent's Names: _____

Home Phone: _____ Cell Phone: _____

Spouse Phone: _____ E-mail: _____

Names of Children to Enroll:	Each Child's Birth Date:

Emergency Contact Information: If I am off campus, & a situation involving my child arises, and you are unable to contact me at the numbers above, please contact one of the following people in the order listed:

1. Name: _____ Relationship: _____

Phone: _____ Phone: _____ Phone: _____

2. Name: _____ Relationship: _____

Phone: _____ Phone: _____ Phone: _____

By signing this registration, you are agreeing to hold harmless Tates Creek Christian Church and the volunteers at Learning Zone for accidents that may occur. In short, you are ultimately responsible for your child's safety.

Signature: _____ Date: _____

Paid: Fall _____ Winter _____