

**EARLY ARTS AT EDMONT
EDGEMONT UNITED METHODIST CHURCH
1330 EAUCLAIRE
FLORENCE, ALABAMA 35630
256-766-3662**

REGISTRATION FORM

CHILD'S NAME: _____	DATE OF BIRTH: _____
ADDRESS: _____ _____	MALE _____ FEMALE _____ CLASS PREFERENCE: Early 2's M-W _____ T-TH _____ 2½: M-W _____ T-TH _____ 3½: M-W-F _____ T-TH-F _____ 4½: M - F _____

FATHER'S NAME: _____

HOME ADDRESS: _____ _____	HOME PHONE: _____
EMPLOYER: _____ WORK ADDRESS: _____	WORK PHONE: _____ CELL PHONE: _____

MOTHER'S NAME: _____

HOME ADDRESS: _____ _____	HOME PHONE: _____
EMPLOYER: _____ WORK ADDRESS: _____	WORK PHONE: _____ CELL PHONE: _____

NOTIFY IN CASE OF EMERGENCY: _____
ADDRESS: _____

CHILD'S PHYSICIAN: _____ **PHONE:** _____

ALLERGIES: **FOOD** _____
OTHER _____

OTHER COMMENTS (THINGS YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD)

PARENT'S SIGNATURE _____
DATE