



LITTLE WILLOWS PROGRAM 2022-2023

Willow Hill United Methodist Church

Please enroll each child with a separate form and print clearly using blue or black ink.

Child's Name: _____
Last First Middle

Preferred Name: _____ Gender: **M** or **F** Child's Birth Date: _____
(if different from first name)

Parent/Guardian Name(s): _____ Primary Phone: _____

Parents' E-mail: _____ Secondary Phone: _____

Street Address: _____

City / State / Zip: _____

Emergency Contact Person: _____ Phone: _____
(Please list someone other than the parent.)

Class: Purple Monkey 2's Orange Tiger 3's Blue Dolphin 4's (16 kids) Blue Dolphin 4's (8 kids)

Day(s): Tuesday Mon/Wed Mon/Wed/Fri Mon/Wed/Fri
 Wednesday Tues/Thur Tues/Thur

Help us get to know your child by completing the following questions.

1. Does your child have any special health or developmental concerns? Yes No

If "Yes," please explain: _____

2. Does your child have any food allergies or diet restrictions? Yes No

If "Yes," please explain: _____

3. Names of any sisters or brothers: _____ Age: _____

_____ Age: _____

_____ Age: _____

PERMISSIONS / SIGNATURES: (Please initial to give your consent to the following.)

_____ 1. LITTLE WILLOWS DIRECTORY: I give the Little Willows Program consent to share my child's name and class as well as my name and phone number in a Little Willows Program Directory.

_____ 2. MEDICAL CONSENT: I give consent for emergency medical care or treatment of my child to be used if I cannot be reached.

_____ 3. PHOTO CONSENT: I give the Little Willows Program consent to take photos of my child for classroom use only.

_____ 4. SOCIAL MEDIA PHOTO CONSENT: I give the Little Willows Program consent to use photos of my child on Little Willows social media pages or website.

5. PERSONS AUTHORIZED TO PICK UP: (In addition to parents/guardians)

(NAME) (RELATIONSHIP) (PHONE NUMBER)

1. _____

2. _____