

# Registration Form 2026-2027

Contact information: [totszoneohumc@gmail.com](mailto:totszoneohumc@gmail.com)



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## CHILD'S INFORMATION:

Child #1 \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Child #2 \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Potty trained \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ in progress

Wednesdays \_\_\_\_\_ Fridays \_\_\_\_\_ Both \_\_\_\_\_

**(\*\* a \$15 non-refundable registration fee is due upon registration, payable to Open Heart UMC)**

## Family Information:

Guardian 1: \_\_\_\_\_ cell: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ cell: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

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

In case of emergency and we are unable to contact either parent, please give two alternate contacts. **Please list at least one local contact.**

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

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

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

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

Please list any allergies or medical conditions of which we should be aware:

Photo release: I hereby give permission for my child listed on this form, to be included in pictures, promotional materials and publications connected with TOTSZONE at Open Heart UMC. My child's picture may appear in publication and promotional materials, such as the church newsletter, bulletin boards, church's website, brochures, postcards and flyers.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_