

**Kennewick First United Methodist Church
Parents' Night Out Child Care Registration**

Name (child 1): _____

Gender: _____ **Age:** _____

Know Allergies or Medical Conditions: _____

Name (Child 2) : _____

Gender: _____ **Age:** _____

Know Allergies or Medical Conditions: _____

Parent(s)/Guardian(s): _____

Address: _____

Phone Number(s) _____

Email: _____

Emergency contact (other than above guardians): _____

Signature _____ **Date** _____

**Return completed forms by June 2nd to the church office at: Kennewick First United Methodist Church
421 W. Kennewick Ave
Kennewick, WA 99336**

Kennewick First United Methodist Church

421 West Kennewick Ave.

Kennewick, WA 99336

Medical Release/Permission

IF AN EMERGENCY MEDICAL SITUATION SHOULD ARISE AND I CANNOT BE LOCATED, I GIVE PERMISSION FOR THE STAFF AT FIRST UNITED METHODIST CHURCH TO SEEK MEDICAL ATTENTION, THROUGH 911 EMERGENCY SERVICES, NECESSARY TO STABILIZE MY CHILD WHO IS NAMED BELOW, AND IF NECESSARY TO TRANSFER MY CHILD TO THE HOSPITAL/MEDICAL FACILITY NAMED BELOW.

Parent/Legal Guardian Signature

Printed Name of Parent/Legal Guardian

Date

(_____) _____ (_____) _____

Phone Number(s) Where I can be reached if I am off Church property

IF NECESSARY PLEASE TRANSFER MY CHILD TO THE FOLLOWING

HOSPITAL: _____

PLEASE PRINT

_____	_____	_____
Child's Full Name	Age	Birth Date
_____	_____	_____
Child's Full Name	Age	Birth Date
_____	_____	_____
Child's Full Name	Age	Birth Date
_____	_____	_____
Child's Full Name	Age	Birth Date
_____	_____	_____
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