



# KidZone Registration

## 2014-2015

Parents,

Please complete this registration form and return, by mail, fax, or in person, to:

Couts United Methodist Church  
Attn: Alison Zollinger  
802 N Elm  
Weatherford, TX 76086  
FAX: 817-594-5516

Blessings,

Alison Zollinger  
Associate Pastor of Children's Ministries  
alison@coutsumc.org

### PARENT/GUARDIAN INFORMATION

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Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you wish to communicate via mobile text messaging?  Yes  No

Do you wish to communicate via email?  Yes  No

If yes, email: \_\_\_\_\_

**STUDENT INFORMATION**

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Fall 2014 Grade Level:  K  1  2  3  4  5  6

School Attending: \_\_\_\_\_

Does your child need to be picked up at school (WISD Schools Only, determined by number of students and drivers)?  Yes  No

If yes, permission slips are available in the church office at Coutts.

**EMERGENCY INFORMATION**

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Emergency Contact 1: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_

Does your child have any allergies?  Yes  No

If yes, please list: \_\_\_\_\_

Does your child have any special medical conditions?  Yes  No

If yes, please list: \_\_\_\_\_

I, \_\_\_\_\_, hereby grant permission for my child, \_\_\_\_\_, to participate in the Couts United Methodist Church KidZone activities for the 2014-2015 school year. Should any problems arise concerning the behavior of my child that would require him/her to return home prior to the end of the activity, I will pay for his/her return or come pick up my child.

I authorize treatment by a qualified and licensed medical doctor for the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent.

Any medical expenses are the responsibility of the participant and his/her insurance carrier.

Parent/Guardian Print: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_