



# Nursery, PreK & Special Needs Registration

Child's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Allergies/Medical/Concerns \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Best Phone \_\_\_\_\_  
 Best Email \_\_\_\_\_  
 Program(s) attending? \_\_\_\_\_  
 Days & Times \_\_\_\_\_  
 Do you have a church home? NO YES, where? \_\_\_\_\_  
 Visiting with a friend? NO YES, then who? \_\_\_\_\_  
 How did you find out about us? \_\_\_\_\_

McEachern MUMC is a Safe Sanctuary church providing training and safety protocols to meet the needs of the children in our care.

**Consent to Photo:** By signing below, you grant permission for you child's photograph or image to be published in print media, video, or social media in conjunction with the promotion of McEachern MUMC. I understand that at no time will my child's partial or full name, or any identifying information, be attached to any material used in production.

**Medical/Liability Release:** The undersigned parent/guardian of the above named minor hereby authorizes any duly authorized employee, volunteer or other representative of the McEachern MUMC, as agent(s) to administer emergency medical treatment.

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

We're so glad you are joining us!



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