



CADET Registration Form

Child's Name: _____

Parent/ Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Child's Date of birth: _____ Age: _____

School Grade Entering in Fall 2010: _____

Allergies/ Medical Information: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Dismissal Information: Name(s) of person(s) who may pick up this child.

Photo Release

I give permission for the registered person/s to be photographed for the purpose of visually depicting a program or activity, which may be included on the Mary Taylor Memorial United Methodist Church web site (www.mtm-umc.org).

Please note that photos only will be used – names will not be included.

MEMBER/PARENT/GUARDIAN SIGNATURE

DATE