

**Child # 1 Name** \_\_\_\_\_ Sex: M F Birth Date: \_\_\_\_\_

Entering Grade: Skippers – Age 3 (by September 30<sup>th</sup>) – Red Skipper Shirts  
(Circle grade number) Scooters – Age 4 or Kindergarten – Blue Scooter Shirts  
Voyagers – 1<sup>st</sup> or 2<sup>nd</sup> Grade - Navy Pioneer Shirts  
Pathfinders/Trailblazers – 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> grade – Navy Pioneer Shirts  
(6<sup>th</sup> graders can be Jr. Helpers in the classrooms)

Registering for (circle one): Session One – September 16, 2009 to November 18, 2009  
Session Two – December 2, 2009 to February 10, 2010  
Session Three – February 24, 2010 to April 28, 2010

T- Shirts are available for **\$9.00** – xsmall (2-4) sm(6-8) med(10-12) lg(14-16)  
(NOTE: shirts are optional please circle if you are purchasing.)

Please list any allergies (including food), medical or behavioral conditions we should be aware of: (if child has ANY food allergies you are asked to provide a weekly snack for them)

\_\_\_\_\_  
\_\_\_\_\_

**Child # 2 Name** \_\_\_\_\_ Sex: M F Birth Date: \_\_\_\_\_

Entering Grade: Skippers – Age 3 (by September 1st) – Red Skipper Shirts  
(Circle grade number) Scooters – Age 4 or Kindergarten – Blue Scooter Shirts  
Voyagers – 1<sup>st</sup> Grade or 2<sup>nd</sup> Grade - Navy Pioneer Shirts  
Pathfinders/Trailblazers – 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> grade – Navy Pioneer Shirts  
(6<sup>th</sup> graders can be Jr. Helpers in the classrooms)

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\_\_\_\_\_  
\_\_\_\_\_

## **PIONEER CLUB REGISTRATION FORM DUE 1 week prior to each session**

Parents' Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

(will be used for Pioneer Club communications only)

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Please enter your child(ren)'s individual information on the back of this form.  
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Are you available to help out with Pioneer Club? Yes No Maybe

Name of person available: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Childcare is available for volunteer's younger children.)  
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Person responsible for picking up your child(ren):(if other than parents)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
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In case of emergency (when the parents cannot be reached) please contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_  
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Please complete the medical authorization below.

I, \_\_\_\_\_, give permission to the Pioneer Club Leader to administer  
(parent's name)

the following medications to the children listed below in the event of illness or injury.

Enter Child's Name	Tylenol		Ibuprofen		Benadryl	
	Yes	No	Yes	No	Yes	No
_____						
_____						

Parent's Signature: \_\_\_\_\_

Payment is required at the time of registration. No child should miss this opportunity for financial reasons.  
Contact Patty in the church office for scholarship info. (patty@hopewellumc.org)

This completed registration form and the **\$10.00 per child** per session (or \$25.00 for all three sessions) registration fee can be placed in the Pioneer Club mailbox or turned into the church office.

**Checks should be made payable to Hopewell UMC.**