

Child # 1 Name _____ Sex: M F Birth Date: _____

Entering Grade: P K 1 2 3 4 5 6
(circle one) P= Preschool (children must be age 3 by 9/1/2011)

Registering for (circle what applies): Session One – September 14, 2011 to November 16, 2011
Session Two – November 30, 2011 to February 8, 2012
Session Three – February 22, 2012 to April 18, 2012

T- Shirts are available for **\$9.00** – xsmall (2-4) sm(6-8) med(10-12) lg(14-16) Adult Small
(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: P K 1 2 3 4 5 6
(circle one) P= Preschool (children must be age 3 by 9/1/2011)

Registering for (circle what applies): Session One – September 14, 2011 to November 16, 2011
Session Two – November 30, 2011 to February 8, 2012
Session Three – February 22, 2012 to April 18, 2012

T- Shirts are available for **\$9.00** – xsmall (2-4) sm(6-8) med(10-12) lg(14-16) Adult Small
(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 # 3 Name _____ Sex: M F Birth Date: _____

Entering Grade: P K 1 2 3 4 5 6
(circle one) P= Preschool (children must be age 3 by 9/1/2011)

Registering for (circle what applies): Session One – September 14, 2011 to November 16, 2011
Session Two – November 30, 2011 to February 8, 2012
Session Three – February 22, 2012 to April 18, 2012

T- Shirts are available for **\$9.00** – xsmall (2-4) sm(6-8) med(10-12) lg(14-16) Adult Small
(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)

Pioneer Club Registration Form

Due 1 week prior to each session

Parents' Names: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____ Church Affiliation: _____

(will be used for Pioneer Club communications only)

Please enter your child(ren)'s individual information on the back of this form.

Are you available to help out with Pioneer Club? Yes No Maybe

Name of person available: _____ Telephone/Email: _____

(Childcare is available for volunteer's younger children.)

Person responsible for picking up your child(ren):(if other than parents)

Name: _____ Telephone: _____

In case of emergency (when the parents cannot be reached) please contact:

Name: _____ Telephone: _____

Relationship to child(ren): _____

Please complete the medical authorization below.

I, _____, give permission to the Pioneer Club Leaders 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
_____	Yes	No	Yes	No	Yes	No
_____	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 Cheri in the church office for scholarship info.

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 outside of the church offices, or turned into the church office.

Checks should be made payable to Hopewell UMC.