

4-YEAR OLD CO-OP
REGISTRATION FORM

CHILD'S NAME _____

BIRTHDATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE NUMBER _____

PARENT'S/GUARDIAN'S NAMES _____

ALLERGIES _____

*****EMERGENCY INFORMATION*****

Please list a contact person, other than the parent or guardian listed above.

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE NUMBER _____

DOCTOR'S NAME _____ PHONE # _____

HOSPITAL PREFERENCE _____

****EMERGENCY MEDICAL AUTHORIZATION AND RELEASE****

In the event of an emergency, permission is granted to the leaders of St. John Neumann Faith Formation to render first aid and/or to seek and authorize emergency medical care as warranted. I also release St. John Neumann Parish and staff from liability in the event of injury.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

\$30.00 FEE PAID BY CHECK # _____ CASH _____ DATE PAID _____