



Registration for Club Year 2018-2019

Please return by **September 4, 2018**, to:

Open Doors United Methodist Church, 595 1st Ave SW, Wells MN 56097. Ph: 507-553-5453

Date: _____

Child's Name: _____ Birth Date _____ Age _____ School grade _____

Child's Name: _____ Birth Date _____ Age _____ School grade _____

Child's Name: _____ Birth Date _____ Age _____ School grade _____

Parent/Guardian Name: _____

Address: _____

E-mail Address: _____

Phone: _____ Home _____ Cell _____ Work _____

_____ Home _____ Cell _____ Work _____

Home Church: _____

Allergies/Medical Information/Other: _____

Emergency Contact:

Name _____ Phone _____

Club Fees:

\$35.00 per child per year. # of children _____ x \$35 = \$ _____

Total paid \$ _____ Cash Check # _____ Date _____

If cost is prohibitive, contact Open Doors UMC for scholarship consideration.