



# TREK Registration Form

Calvary United Methodist Church  
3 Year Olds through 5<sup>th</sup> Grade  
2009-2010 9:20am Service

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Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Grade in School (or age) for '09-'10 \_\_\_\_\_

\*To enroll in the 3 year old class, children must turn 3 prior to 9-1-09

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

(We will use your email address to keep you updated on TREK. You will always have the opportunity to opt out of receiving emails.)

Please indicate below if your child has special needs that we should be aware of.  
Use the back of this paper to include any additional information that would be helpful in teaching your child.

Allergies? \_\_\_\_\_ Physical Limitations? \_\_\_\_\_

ADD or ADHD? \_\_\_\_\_ Behavioral concerns? \_\_\_\_\_

In school, does your child have an IEP? \_\_\_\_\_ 504 Plan? \_\_\_\_\_

Where will you usually be during TREK time? \_\_\_\_\_

Who has permission to pick up your child? \_\_\_\_\_

\_\_\_\_\_ Please initial if you **do not** give permission for your child to be photographed and/or videotaped. Images may appear on church related items. Child's name will not be mentioned.

**I am available to help...**

- as a substitute teacher
- as a parent helper in the classroom
- as a member of the TREK team

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent's or Guardian's Name \_\_\_\_\_