

Epworth UMC's Learning Center  
for Children in K-6  
1030 Burrage Road, NE, Concord, NC  
Registration Form

\*Please complete the following form and return it and the **\$20.00 Non-refundable Registration Fee** to Teresa Gray, Director of Family Ministries, at Epworth UMC Inc., 1030 Burrage Road, NE, Concord, NC 28025.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F  
First Name Last Name (Circle)

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Please circle your child's grade level for the 2020/2021 School Year: K 1 2 3 4 5 6

What is your child's home school: \_\_\_\_\_

What are your concerns for this school year?

Is there something, in particular, that you feel your child needs during the time that he/she is with us at the Learning Center?

\*\*\*Please continue to complete the information on the back!

### Emergency Phone Numbers & Pick-up Information

*\*Please list the names of individuals whom we may contact in case of an emergency and the child's parents/guardians cannot be reached. In addition, indicate whether this emergency contact may pick your child up from school.*

Name of Person and Relationship to Child	Phone Number	Alternate Phone Number	May This Individual Pick-Up Your Child From School? Yes or No

A. Does your child have any known allergies? \_\_\_\_yes \_\_\_\_no

Brief Explanation: \_\_\_\_\_

B. Does your child have any special medical concerns? \_\_\_\_yes \_\_\_\_no

Brief Explanation: \_\_\_\_\_

C. Does your child have any special educational needs? \_\_\_\_yes \_\_\_\_no

Brief Explanation: \_\_\_\_\_