



FUMC-BOERNE MDO & LEARNING CENTER

205 East James Street
Boerne, TX 78006
(830) 249-4834 tel
(830) 249-8553 fax

REGISTRATION RESERVATION

Today's Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ male  female

Potty Trained? yes  no  Date of Birth \_\_\_\_\_

Age of Child on Sept. 1, 2011: \_\_\_\_\_ years old

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Non-refundable fees due at time of registration: \$140.00
This fee includes registration, supplies, special visitors and t-shirt.

T-Shirt size: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE BELOW

- Registration fee received Physical statement received Registration forms received
Received t-shirt Shot record received