



2009 Lake Junaluska  
 Children's Ministry Registration Form  
**Community**

*Pre-Registration Required – Enrollment Fee - \$ 30.00 Per Child*

Child's Name \_\_\_\_\_ Gender: M F  
 Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Rising Grade \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Child of employee? Y \_\_\_ N \_\_\_  
 Work Phone # \_\_\_\_\_ Home # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Pager # \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you are unable to pick up your child, please list the names of individuals to whom your child can be released:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

If neither mother nor father can be reached in case of emergency, contact:

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_  
 \_\_\_\_\_

Are you enrolling for full time M-F care? \_\_\_\_\_ (yes or no)

For full time care only: Payment options: Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Today's date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Make checks payable to Lake Junaluska Conference and Retreat Center and mail to:  
 Lake Junaluska Conference and Retreat Center  
 PO Box 67  
 Lake Junaluska, NC 28745