



Application Form

Date _____

Child's Name _____ Date of Birth _____ Gender _____

Street Address _____

City _____ State _____ Zip _____

Mother's Information

Name _____ Cell Phone _____

Employer _____ Work Phone _____

Primary E-mail _____

Father's Information

Name _____ Cell Phone _____

Employer _____ Work Phone _____

Primary E-mail _____

_____ I authorize the use of the above numbers and emails for the automatic phone system for school closings, emergency situations, etc.

_____ I authorize the use of clinical observations and discussions for professional purposes.

_____ I authorize the use of photography and videotaping of my child for educational or marketing purposes.

_____ I give permission for my child to attend all school field trips and hereby release Marty's Center, Board of Directors, and Brainerd United Methodist Church of all and any liabilities while away from the premises. I understand I will be notified in advance of each field trip to be taken.

_____ I give permission for my child to be taken to _____ hospital in the event of an emergency. **We recommend T.C. Thompson's since it's nearest facility.**

Signature _____ Relationship to child _____

Child's Doctor _____ Doctor Phone _____

Emergency Contacts

(1) Name _____ Phone _____ Alt Phone _____

(2) Name _____ Phone _____ Alt Phone _____

\$50 Registration Fee (one-time, non-refundable) must be attached to application before processing.