



Paradise Hills United Methodist Church

Session I

Enrollment Form

Session II

June 10-27

Summer 2024

July 15-Aug 1

Child's Name: _____

Last

First

ZIP

Address: _____ City: _____ Code _____

Age on

Male _____

Is your Family Y

DOB: _____

June 1, 2024: _____

Female _____

Re-Enrolling? N

School Last Attended _____ Sibling Enrolled at PHUMC: _____

Home Church _____ *If you do not have a home church, would you like to receive some information about Paradise Hills Church?

Father/Guardian Information

Father's Name: _____

Address: _____

Best Contact Number _____

Employer _____

Occupation _____

Work Number _____

Email _____

Mother/Guardian Information

Mother's Name: _____

Address: _____

Best Contact Number _____

Employer _____

Occupation _____

Work Number _____

Email _____

Summer Program Ages

2's

3's

4's

5's

Grade going into in Elem _____

OFFICE USE ONLY

OFFICE USE ONLY

Enrollment Date _____ First Day Attending _____ Discharge Date _____

Check # _____ Immunization Records _____

Cash _____

OFFICE USE ONLY

Rec'd By _____ Forms _____

OFFICE USE ONLY