Algiers United Methodist Church

637 Opelousas Avenue, New Orleans, LA 70114
504-361-1334 mdo@algiersumc.com

Student Registration for the 2026-2027 session -- September 8-May 27

Check class option of your choice

3 days (M, T, Th):	**2 days (M, T, or Th; circle which days):**
☐ **9:00 - 12:00 -- $305 per month**	☐ **9:00 - 12:00 -- $230 per month**
☐ **9:00 - 2:00 -- $355 per month**	☐ **9:00 - 2:00 -- $275 per month**

Student's Name _____

Name by which child is called _____ Date of Birth _____ Sex _M F__

Address _____ City _____ Zip Code _____

Email _____ Home Phone _____

Parent/Guardian _____ Cell Phone _____

Employer _____ Work Phone_____

Parent/Guardian _____ Cell Phone _____

Employer _____ Work Phone_____

Parents: ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Who is the primary custodian? _____ Is your child potty trained? _____

Siblings (names and ages)_____

Emergency Contact Numbers (must have two other than mother and father on file):

Emergency contact #1 _____

Phone Number _____ Relation _____

Emergency contact #2 _____

Phone Number _____ Relation _____

My child may be picked up by the following individuals:

Name _____ Relation _____

Name _____ Relation _____

Name _____ Relation _____

List any physical/chronic ailments:

_____

List any allergies/ medical conditions:

_____

_____

In the event your child is exposed to the above allergins, list specific action to be taken:

_____

_____

Child's Physician: _____ Phone: _____

Emergency hospital preference: _____

<u>Important:</u> ***Please remember to update any information as needed.***

Parent signature: _____ Date: _____