

WOW! Program

The Word On Wednesdays!

Child's Name _____

Parent/Guardian Name _____

Address _____

Email Address _____

Phone Numbers Home _____ Cell. _____

Age Information

Date of Birth _____ Age _____ Last Grade Completed _____

Home Church _____

Allergies/Medical Information/Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) other than parents listed above who may pick up this child from WOW!

Name _____ Relationship _____

Name _____ Relationship _____

Other Information

Are you interested in helping with WOW?

Yes _____ No _____ Maybe _____ I would like more information. _____

May we post pictures from WOW! on our church website which include your child? Yes ___ No ___
***Children's names will not be given.

Please return this completed form to:

Basehor United Methodist Church
18660 158th St.
Bonner Springs, KS 66012