2017-2018

ST. MARTIN DE PORRES CATHOLIC CHURCH

WINGS Registration Form

19767 Yorba Linda Blvd, Yorba Linda, CA 92886 ~ (714) 970-2771

☐ **Returning Member to WINGS** ☐ **New Member to WINGS**

NAME _____ _____ _____
Last First Husband's name (if applicable)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ _____
Best # for Roster - Home or Cell Email

BIRTHDAY (Month/Day) _____ HOME PARISH _____

AGE RANGE: ☐20-34 ☐35-49 ☐50-59 ☐60+

Will you be using the Child Care Program? ☐Yes ☐No

If yes, please fill in information below. Extra copies of this form may be used to register more than two children.

PLEASE MAKE CHECKS PAYABLE TO: St. Martin de Porres

Membership: $50

For more information regarding fees, including payment plan options, contact Jeanne Rathswohl at 714-499-3799

WINGS CHILD CARE REGISTRATION

(Please DO NOT detach this from the form)

CHILD'S NAME _____ _____ AGE ____ BIRTHDAY_____
Last First

CHILD'S NAME _____ _____ AGE ____ BIRTHDAY_____
Last First

MOTHER'S NAME _____ _____ _____
Last First Color Group

Allergies/Special Needs: _____

_____

Are their immunizations current? ☐Yes ☐No Are they allowed to have a snack? ☐Yes ☐No

Please provide any other information on your children which you feel would be helpful to sitters:

_____

_____

LIABILITY AGREEMENT: I will not hold St. Martin de Porres Parish, WINGS or WINGS Child Care responsible for any damages or injuries that may occur while my child is on the premises. I agree to keep my child home if he/she has a fever, runny nose, flu, rash or any other contagious illness.

Signature_____ Date_____

OFFICE USE ONLY

Cash: _____ Check #:_____ Credit: _____ Color Group Assigned: _____