



2018-2019

ST. MARTIN DE PORRES CATHOLIC CHURCH

WINGS Registration For

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

Returning Member to WINGS New Member to WINGS

NAME Last First Email

ADDRESS

CITY STATE ZIP

PHONE Home Cell

BIRTHDAY (Month/Day) HOME PARISH

AGE RANGE: 30-34 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 Attn: WINGS

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 section from the form

CHILD'S NAME Last First AGE BIRTHDAY

CHILD'S NAME Last First AGE BIRTHDAY

MOTHER'S NAME (Or Grandmother's) Last First

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: