



**LAKE HIGHLANDS UNITED METHODIST CHURCH**

**WOW WEDNESDAYS**

Wednesdays July 7, 14, 21, 28

9:00 a.m. - 3:00 p.m.

**Cost: \$100 per child for all four days of field trips. Includes tee shirt, snacks and lunch. If you cannot make all days you can find a substitute to take your child's place.**

***For children entering third grade through sixth grade***

Child's Name \_\_\_\_\_ Sex: M  F

Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade Entering in Fall: \_\_\_ School Child Attends: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Mother

Father

Hm. Phone: (\_\_\_\_) \_\_\_\_\_ Parent E-mail: \_\_\_\_\_@\_\_\_\_\_

Mom's Wk.: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Dad's Wk.: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Church: LHUMC \_\_\_\_\_ Other: (Please List Name) \_\_\_\_\_

Please mark child's t-shirt size:  Y/Med  Y/Lge  A/Sm  A/Med  A/Lge

**Payment Information**

\$\_\_\_\_\_ **Cost: \$100**

*Would you like to donate for a child's scholarship?*

\$\_\_\_\_\_ **scholarship?**

\$\_\_\_\_\_ **Total**  
amount paid

Please make check payable to **LHUMC—WOW**

***MEDICAL INFORMATION: (Must be completed in full)***

Name & address of child's physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name & address of hospital preferred \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Allergies or health problems of child: \_\_\_\_\_

**In case of emergency, please list name of person to contact if parents cannot be reached:**

Name & Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If my child becomes ill or is injured, I authorize Lake Highlands United Methodist Church, WOW Wednesdays and its staff to obtain emergency medical treatment, and I hereby release said church from liability for action taken pursuant of this release.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**\*If child brings a guest you must register them 48 hours prior to event along with friends payment of \$25 per event\***

**LAKE HIGHLANDS UNITED METHODIST CHURCH**  
Street Address: 9015 Plano Road at McCree • Dallas, Texas 75238  
Mailing Address: P.O. Box 551389 • Dallas, Texas 75355

For more information, call Debbie Davis 214-348-6600 or access our website at [www.lhumc.com](http://www.lhumc.com)