

# WEDNESDAY MORNING GROUP LECTURE SERIES

## 2011-2012 Registration and Directory Form

Please complete this form, print it and bring it with your registration payment to a Wednesday Morning Group lecture.

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Tell us something about yourself** (*where you went to school, where you're from, what you do or did for a living, hobbies, your children, their ages, etc.*) **for the Membership Directory:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Include:

- \$95 annual dues check made out to **WMG**
- Email a photo of yourself to [nineoaksbeefarm@yahoo.com](mailto:nineoaksbeefarm@yahoo.com)

**Will you need childcare for next year?** \_\_\_\_\_ **Yes** or \_\_\_\_\_ **No**

*(If you require childcare, please complete and include the form that follows.)*

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## 2011-2012 Co-op Childcare Registration

### BASIC INFORMATION FOR BABYSITTING CO-OP

Please complete the following information so that we may register your child for WMG's cooperative nursery. If you are a co-op member, you will be scheduled to assist in the childcare rooms at least three times per semester.

**IMPORTANT NOTE:** Children will **NOT** be registered in the co-op unless ALL information is completed. Registration is on a "first-come, first-served" basis. **In the event your Childcare Registration Form is received after the co-op has reached its capacity, your name will be placed on a waitlist.**

Check one:  Guest registering child for one-time visit  
 Current co-op member registering another child  
 New co-op member

**YOUR name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone and email:** \_\_\_\_\_

**Name(s) and birthdates of child(ren) to be registered in WMG cooperative nursery:**

**First/Last name** \_\_\_\_\_ **DOB (Mo/Yr)** \_\_\_\_\_

**First/Last name** \_\_\_\_\_ **DOB (Mo/Yr)** \_\_\_\_\_

**First/Last name** \_\_\_\_\_ **DOB (Mo/Yr)** \_\_\_\_\_

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### **COOPERATIVE CHILDCARE RELEASE**

I, the undersigned, am using the Wednesday Morning Group Cooperative Childcare (WMGCC) on a voluntary basis and I understand that the WMGCC is unlicensed and unregulated.

By signing below, I agree to release all members of the WMGCC and Wednesday Morning Group itself from liability resulting from any injury that may occur to my child or children while in the care of the WMGCC.

I, the undersigned, have read this release and understand what I am signing.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ (PRINT NAME)