



# East Cobb United Methodist Church

2325 Roswell Road, N.E., Marietta, Georgia 30062 • 770-971-3643

*"Sharing the Love and Light of Jesus with a changing world."*

Associate Pastor: James L. Perry, Jr.  
Pastor of Kenyan Mission: Peter Kaimathiri  
Youth Minister: W. Andrew Covington  
Director of Children's Ministry: Cindy D. Campbell  
Director of Lighthouse Academy: Carol Catino

**Dr. Brian Germano,**  
*Senior Pastor*

Director of Music & Worship Arts: Frieda Brown  
Music Associate: Rob Frank  
Contemporary Worship Leader: Mary Mincy  
Church Secretary: Nancy Carroll  
Treasurer: Lee Busey

## Lighthouse Academy Registration Form

Entrance Date: \_\_\_\_\_ Program Desired: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Father's Name/Home Address/Telephone Number, if different from child's: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name/Home Address/Telephone Number, if different from child's: \_\_\_\_\_

Child's Living Arrangements:  Both Parents;  Mother;  Father;  Other

Child's Legal Guardians:  Both Parents;  Mother;  Father;  Other

My child may be released to the person(s) signing this agreement, or to the following:  
Name Address Telephone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Contact in Case of Emergency, if parent can not be reached:  
Name Address Telephone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

Name of Public School My Child Attends, if any: \_\_\_\_\_

Child's Physician or Clinic's Name (Child's Primary Health Source):

\_\_\_\_\_ phone number: \_\_\_\_\_

My child has the following special needs:

\_\_\_\_\_  
\_\_\_\_\_

The following special accomodation(s) may be required to most effectively meet my child's needs while at this center:

\_\_\_\_\_  
\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies or health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_