

Windover Hills Schools

6751 Ridge Road Pittsburgh, PA 15236 412-653-6899



Me and My Shadow Application

Tuesday 9:30-11:00am

Child's Name _____ Male/Female _____

Nickname _____ Birthdate _____

Address _____

Home Phone _____

Mother's Name _____ Occupation _____

Cell Phone _____ Email _____

Father's Name _____ Occupation _____

Cell Phone _____

Shadow's Name _____ Relationship _____

Shadow's Phone Number _____

Allergies/Health Factors _____

_____ I agree to absolve Windover Hills United Methodist Church and Windover Hills Schools from any financial responsibility in the case of injury or illness to our child.

_____ I give permission for my child to be photographed or videotaped for school purposes.

Parent Signature _____ Date _____

Child Must be 2 years old by September 1, ~~2019~~
PLEASE RETURN with \$45 registration fee.