

Enrollment Fee PD: _____

Fun Fee PD: _____

Grace Fellowship Church (GFC) Pre-School and Mother's Day Out Registration/ General Authorizations/ Release Form

Child's Name _____ Nickname: _____ Date of Birth _____ Gender _____

Parent's Email Address to send weekly communications: _____

Child's Home Address _____

Parent (who we should call/available while child in care): Name _____ Phone _____

Other Parent's/Guardian's Name _____ Phone _____

Other Parent's Address (If different) _____

***Please fill out the Separate Emergency Info form also for back-up contact numbers.

RIDE HOME AUTHORIZATION:

I authorize the following individuals to pick up my Child from GFC Preschool/MDO: _____

Names/Ages (DOB) siblings (and schools): _____

Local Church Affiliation: _____

Notices/Consents:

____ Weekly emails will be sent to the email that you provide above. Our tentative list of Fun Days/scheduled events is handed out in the fall and these emails will remind you if you wish to participate in these events. If you do not wish for your child to participate, please do not bring them on these dates.

____ Balloons and/or stickers are given at Birthdays and other fun events. We also have daily snacks and food sharing parties throughout the year. Please note any objections/allergies on your Health form.

____ Pictures are taken at our events by staff and other parents.

____ I give permission to use my child's photo on Facebook and in Church Media and brochures. If you object to our FB postings, your child will still be included in program group pictures during the end of year slideshow--but there will likely be fewer pictures of your child in the slideshow.

____ I have received the GFC Parent's Handbook, which covers policies currently in effect. If not, I will inform the Director immediately, so that I can receive one.

LIABILITY RELEASE

I, _____ (name of Guardian/parent) give permission for my child _____ (child's name) to participate in activities sponsored by Grace Fellowship Church Pre-School/Mother's Day Out (a ministry of Grace Fellowship Church). Should emergency medical treatment ever be necessary, I authorize the staff to act in my behalf and secure treatment. Further, I release Grace Fellowship Church, its officers, and all staff and administrators of Grace Fellowship Preschool and Mother's Day Out from any and all claims and liability. This release covers activities on Church property, the MDO/Preschool areas, and accidents en-route, during or returning from any trip or activity.

The above permissions, authorizations, and this release shall remain in force until I rescind them by giving written notice to Grace Fellowship Pre-School and Mother's Day Out.

Parent/Guardian Signature: _____ Date _____