

Fall/Spring 2019/20 Enrollment Fee PD: _____

Fun Fee PD: _____

Immunizations: _____

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:

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

Local Church Affiliation: _____

Notices/Consents: (mark your consent to all items appearing below)

____ Weekly emails will be sent to the email that you provide above and you agree to check this email.

____ I give permission to use my child's untagged photo on Facebook, Instagram, and other Church Media.
(If you object to our media postings, your child will be included in fewer slides during our graduation slideshow.)

____ A list of Special Events (Fun Days) is handed out in the fall and changes or updates are sent via email. If you do not wish for your child to participate, please do not bring your child on these dates. Pictures are taken by parents at these events and we do not control any third party social media posting.

____ Balloons and/or stickers are given at Birthdays and other fun events. A water table and/or sand table is available for supervised play.

____ Daily snacks and food sharing parties occur throughout the year. Please note any objections/allergies on your Health form.

____ I understand that there is no credit given for school days missed.

____ I have received the GFC Parent's Handbook, which covers policies currently in effect and binding on all participants. 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 _____