

Summer Registration

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

Parents'/Guardians' names	Address
List daytime phone numbers where parents can be reached. Mother: Father: Guardian:	Parent(s) email addresses for correspondence:
In case parents cannot be reached in case of emergency, give the name and all known phone numbers of another available adult: Relationship to child:	Besides parents/guardians, my child is allowed to leave ONLY with the following persons (please list contact phone numbers with names):
TUESDAY & THURSDAY – 8:30am – 2:30 pm Registering for: JUNE SESSION: _____ JULY SESSION: _____	Child allergies or other Medical Conditions and things needed to accommodate:
Permission to have pictures online: (yes or no)	Permission to play in water (supervised): (yes or no)

Emergency Treatment & Liability Release

I, _____ (name of parent or guardian) give permission for my son/daughter, _____ (participant's name) to participate in activities sponsored by Grace Preschool & Mother's Day Out (a ministry of Grace Fellowship Church). Should emergency medical treatment ever be necessary, I authorize the staff and administration to act on my behalf and secure treatment for my child in the event that I cannot be reached. Further, I do hereby release Grace Fellowship, its officers, and all staff and administration of Grace Fellowship Preschool & Mother's Day Out from any and all liability and claims. This release covers all claims on Church/School property and accidents en-route, during, or returning from any trip or activity. The above permissions and authorizations shall remain in force until I rescind them by giving written notice to Grace Fellowship Preschool & Mother's Day Out /Grace Fellowship.

Parent/Guardian signature	Date

My child has been examined within the past year by a health care professional and is able to safely participate in the day care program. _____ (parents initial here).