

Summer Registration

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

Parents'/Guardians' names	Address (if different than child's)
List daytime phone numbers where a parent can be reached during our hours:	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 adult :	Besides parents/guardians, my child is allowed to leave ONLY with the following persons (please list contact phone numbers with names):

- I hereby give or do not give - permission for my child's picture and name to be published in community newspapers and/or MDO brochures, MDO Facebook Page and Grace Fellowship website.

General Permission to Participate

Includes both Emergency Treatment Authorization and Liability Release

I, _____ (name of parent/guardian) give permission for my son/daughter named above 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
---------------------------	------

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: _____

_____ I have been informed of the state's current minimum vaccination requirements, and I (please initial) understand that I must comply unless I meet and comply with a state-recognized exemption. My child has been seen by a doctor in the past year and is medically able to participate in this program.