

Registration Form	Childcare Only Y N	Date child entered care	Date child left care
	After school only Y N	- -	- -
Child's name	Last	First	Middle
Birthdate	Month	Day	Year

Preschool Information:			
Preschool only Y N	Circle preschool class preference:		Circle T-shirt size
	3 & 4 year old (Tuesday & Thursday)	AM	XS (2-4)
	4 & 5 year old (Monday, Wednesday, Friday)	AM PM	S (6-8)
			M (10-12)

Parent Information:			
Child's mother/guardian name	Street address	City	Zipcode
home phone #	() -	cell phone #	() -
Do you text?	Y N	Texting #	() -
E-mail address:			
Child's father/guardian name	Street address	City	Zipcode
home phone #	() -	cell phone #	() -

Permission to Pick Up:			
<i>Other than child's mother and father, who else has permission to pick up your child?</i>			
Name	Address	Telephone number	Relationship
1)		() -	
2)		() -	

Child's Health Information			
Child's health care provider	Telephone	Allergies	Regular medications?
	() -		

Parent Permission: My child may go on local outings. (library, fire station, & businesses) Y N	
Parent(s) Signature: _____	Date: _____

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RIGHT TO PRIVACY ACT

To comply with the **RIGHT TO PRIVACY ACT**, we need parents to give permission for their telephone numbers to be given out to the classmates. It will make it easier for parents to make contact with other parents on arranging any changes for the daily volunteer and other activities.

To give permission, please sign below and return to the Registrar.

Please check one of the following options:

- I, **DO**, give Grace Childcare and Centerville Academic Christian Preschool permission to put my child's picture on their Facebook and website pages.
- I, **DO NOT**, give Grace Childcare and Centerville Academic Christian Preschool permission to put my child's picture on their Facebook and website pages.

Thank you!

Parent's Name: _____

Phone Number: _____

Address: _____
