

<b>Registration Form</b>	Childcare Only Y N After school only Y N	Date child entered care - -	Date child left care - -
Child's name	Last	First	Middle
Preschool only Y N	Circle preschool class preference: 3 & 4 year old (Tuesday & Thursday) AM 4 & 5 year old (Monday, Wednesday, Friday) AM PM		Birthdate
Child's mother/guardian name	Street address	City	Zipcode
home phone #	( ) -	cell phone #	( ) -
Circle T-shirt size XS (2-4) S (6-8) M (10-12)	Do you text? Y N	Texting # ( ) -	E-mail address:
Child's father/guardian name	Street address	City	Zipcode
home phone #	( ) -	cell phone #	( ) -
<b>Other than you, who else has permission to pick up your child?</b>			
Name	Address	Telephone number	Relationship
1)		( ) -	
2)		( ) -	
Parent Permission: My child may go on local outings. (library, fire station, & businesses)			
Parent(s) Signature: _____ Date: _____			

### Child's Health Information

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

### Childcare Scholarship

(Partial scholarships could be available. If interested, please fill out the below information.)

Total Household Income	\$	# of people who live in household	_____
Employer	Employer Phone #		
Employer	Employer Phone #		
Parent/guardian signature	Date	Parent/guardian signature	Date

*Continued on back...*

## 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: \_\_\_\_\_

\_\_\_\_\_