

2015 - 2016 Enrollment Form

Child's Name _____ Sex ____ Date of Birth _____

Home Address _____ Age as of 09/01/15 _____

City _____ Zip _____ Home Phone # _____

(Last, First, Middle)

Mother's Name _____

Home Phone # _____

Employer _____

Work Phone # _____ Email Address _____

Cell # _____

Father's Name _____

Home Phone # _____

Employer _____

Work # _____ Email Address _____

Cell # _____

Parent Authorization and Acknowledgement

I. Release of Child and Emergency Contacts

In the event that either parent cannot pick up their child, I authorize Grace Fellowship Church to allow my child to leave this facility with the following people. Please include ALL information.

Name _____ Driver's License # _____

Address _____

Phone Number _____

Name _____ Driver's License # _____

Address _____

Phone Number _____

II. Photographs

As your child participates in the program throughout the year, we would like to take some pictures to put together Memory Books. Pictures may also be used for marketing or advertising purposes. Your signature below gives your consent for your child to be photographed.

Parent Signature _____ Date: _____

Medical Release Form

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Grace Fellowship Church staff to take my child to an Emergency Room or to the following physician for his/her associated, for medical care.

Child's Physician Name _____

Office Phone# _____

Doctor's Office Address _____

Medical Insurance Plan _____

Group # _____ Policy # _____

Allergies or Existing Illnesses: _____

Parent's Signature: _____ Date: _____