



**PRESCHOOL
REGISTRATION FORM
2024 - 2025**

Please print clearly & fill our ALL blanks.

CHILD'S INFORMATION:

Child's Name _____ Date of Birth _____ Age ____ M ___ F__

Address _____ City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION:

Father/Guardian Name _____ Mother/Guardian Name _____

Father's Cell _____ Mother's Cell _____

Work Number _____ Work Number _____

Email _____ Email _____

Are you a member of a local church? Yes ___ No ___ If so, Where? _____

How did you hear about our program? _____

Pick up Authorization & Emergency Contacts (other than parents or guardian)

Name

Relationship to child

Phone #

1) _____

2) _____

3) _____

4) _____

*** If any of the above changes I will contact GraceKids immediately.

Name of Insurance Company _____ Policy Holder Name _____

Group/ID# _____ Preferred Hospital _____

Pediatrician Name _____ Phone # _____

Allergies (food & medication): _____

As parent/guardian, I do hereby authorize treatment under the discretion of any licensed physician of this child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, or undue discomfort if delayed. This authority is granted only after a reasonable attempt has been made to reach me or my designated emergency contact by phone at the numbers listed above. The undersigned assumes the responsibility for any cost connected with such treatment and hereby releases GracePoint Fellowship Baptist Church and any GraceKids Preschool staff from any liability thereof. This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian signature _____ Date _____