

___/___/___

**Preschool Fall 2008 Registration
Dade City Christian Church**

Student Name _____ **Age** _____ **DOB** ___/___/___

Address _____ **City** _____ **Zip** _____

Father/Legal Guardian _____

Email _____ **Daytime Phone**(_____) _____ - _____

Employer _____

Mother/Legal Guardian _____

Email _____ **Daytime Phone**(_____) _____ - _____

Employer _____

Additional Daytime Emergency Contacts:

Name _____ **Phone**(_____) _____ - _____

Name _____ **Phone**(_____) _____ - _____

Student's special needs, allergies, or information helpful for staff and volunteers:

Please read carefully and sign if you agree:

I give my permission for the student listed above to participate in all activities of the Tender Garden Preschool ministry program held each Tuesday from 9:30 am to 11:30 am during the 2008/2009 school year. If I cannot be reached by telephone, or any of the above mentioned contacts, I give my consent that Dade City Christian Church staff may act on my behalf in an emergency. The student listed above may be transported to _____ Hospital by emergency vehicle. If surgery is required or deemed necessary, the recommendation by two licensed physicians will be required.

Parent/Legal Guardian _____ **Date** _____