

Valencia Presbyterian Church

CHILDCARE REGISTRATION FORM

Child's Name: _____

Age: _____ Birthdate: _____
(mm/dd/yyyy)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Email: _____

Allergies or Medical Conditions? No Yes List: _____

Please list any additional information that will be helpful in providing excellent care for your child (ie: speech delay, sensory/behavioral issues, etc). Continue on back if necessary:

Mother's Name: _____

Driver's License #: _____ State: _____

Cell Phone #: _____ **Need photocopy for ID purposes only**

Father's Name: _____

Driver's License #: _____ State: _____

Cell Phone #: _____ **Need photocopy for ID purposes only**

Emergency Contact: (other than parent) _____ Relationship: _____

Phone #: _____

LIABILITY AND MEDICAL RELEASE

This child has my permission to attend Childcare Programs at Valencia Presbyterian Church. I release the Valencia Presbyterian Church and its employees from all liability for any injury that may occur while on the premises at this time. I hereby authorize Valencia Presbyterian Church to administer basic First Aid to this child and to seek professional medical treatment if necessary.

Signature: _____ **Date:** _____

PHOTOGRAPH PERMISSION

I hereby give my permission for my child's picture, taken from activities at Valencia Presbyterian Church, to be displayed on our Church's website, Bulletin Boards and/or published in the LINK Newsletter.

Signature: _____ **Date:** _____

PHOTOCOPY OF DRIVER'S LICENSE(S) ATTACHED: YES