

# 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: \_\_\_\_\_ **Need photocopy for ID purposes only**

Cell Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ **Need photocopy for ID purposes only**

Cell Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(other than parent)

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 understand that photos/videos will be taken at VPC events and activities. I hereby give permission for my child's photo/video to be used in church publications, website and social media. I understand that photos and videos will NEVER be accompanied by captions or tags that include names or any other identifying information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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