

REGISTRATION FORM 2024-2025

Child's Full Name:		DOB: MM/DD/YYYY	/ /
Name to be called at school:		AGE:	
Siblings & Ages:		Gender: Select one	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
Lives with: Select one	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
Home Church			

Mother's Information		Father's Information	
Name:		Name:	
Email:		Email:	
Cell:		Cell:	
Home:		Home:	
Work:		Work:	
Additional Emergency Contacts / Authorized Pick-up Person Information			
Name:		Phone:	
Relationship to Child:			
Name:		Phone:	
Relationship to Child:			
Name:		Phone:	
Relationship to Child:			
NOT PERMITTED TO PICK UP YOUR CHILD			
Name/Relationship to Child:			

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Medical Information

Allergies:	<input type="checkbox"/> None <input type="checkbox"/> Yes (LIST IN SPACE BELOW)
Dietary Restrictions:	<input type="checkbox"/> None <input type="checkbox"/> Yes (LIST IN SPACE BELOW)
Existing Illness/Injuries:	<input type="checkbox"/> None <input type="checkbox"/> Yes (LIST IN SPACE BELOW)
Medications:	<input type="checkbox"/> None <input type="checkbox"/> Yes (LIST IN SPACE BELOW)

Authorization for Emergency Medical Attention

In the event that I/we cannot be reached to make arrangements for emergency medical attention, I/we authorize the person in charge to take my child to:

Name of Physician:			
Address:		Phone:	
Name of Hospital:		Phone:	
Insurance Policy #:			

I/We give consent for this facility to secure any and all necessary emergency medical care for my child. Any and all transfer costs will be the responsibility of the parent/s or guardian/s.

Signature of Parent/Legal Guardian

X _____ **Date:** _____

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Communicable Disease Release of Liability and Assumption of Risk Agreement Assumption of Risk | Waiver of Liability | Indemnification Agreement

In consideration of my child being allowed to attend and participate in The Children's Center Preschool Program and Dublin First Methodist Church and all related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19, and/or any mutations or variation thereof. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for my child's participation as regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my child's presence or participation, I will remove my child from participation and bring such to the attention of the nearest staff member immediately; and,
4. I, for myself, and on behalf of my child or children, heirs, assigns, personal representatives and next of kin HEREBY RELEASE AND HOLD HARMLESS The Children's Center Preschool Program and Dublin First Methodist Church their officers, staff, agents, and/or employees, with other participants, sponsoring agencies, and Dublin First Methodist Church ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY AND UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent/guardian, for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in The Children's Center Preschool Program and K5 Class of Dublin First Methodist Church, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Child's Legal Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

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Licensed Exemption

I have been advised that The Children's Center Preschool Program at Dublin First Methodist Church is exempt from being licensed. The Children's Center Preschool Program is following the guidelines set up by Bright from the Start Program from the Georgia Department of Early Care and Learning.

Child's Legal Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Media Consent

YES or NO
Select one

I give permission to The Children's Center Preschool Program and Dublin First Methodist Church to use my child's picture on our website, in the newspaper, or on any other media/social media forms. The Children's Center Preschool Program and Dublin First Methodist Church will not use names of the children in any public advertising or promotional information.

YES or NO
Select one

I would like to be invited to the private Children's Center Preschool Program Facebook Group.

Child's Legal Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____