

# God's Garden Preschool Registration

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Greeting: \_\_\_\_\_  
Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: Male  Female

## FAMILY/GUARDIAN INFORMATION

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Father's Work #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Father's Cell #: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Mother's Work #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mother's Cell #: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Home/Primary #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Bill Registration Fee: Yes  No   
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Family Email Address: \_\_\_\_\_  
In an emergency contact \_\_\_\_\_ at (\_\_\_\_)\_\_\_\_-\_\_\_\_

## MEDICAL RELEASE/INFORMATION

**MEDICATION/ALLERGIES:** My child DOES  DOES NOT  take medications or have allergies. (Separate form if DOES is checked)  
In the event a **MEDICAL EMERGENCY** arises and we are not able to contact the person(s) listed above, Believer's Fellowship personnel will, with your permission below, take appropriate action. This action may include **EMERGENCY ROOM** treatment and/or **AMBULANCE** transportation.  
Believer's Fellowship staff will only take this action if we are unable to contact person(s) listed above, and the emergency is beyond the scope of on site treatment.  
**AUTHORIZATION/DENIAL:** I DO  DO NOT  authorize any emergency treatment as stated above.

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