

Child's Name: \_\_\_\_\_

Please put an X beside the class your child will be enrolled in the Fall 2011.

\_\_\_\_Two    \_\_\_\_Three    \_\_\_\_Four    \_\_\_\_Pre-K

Camp Week (s): Please circle week or weeks.

June 6-10: June 13- 17: June 20-24: June 27-July 1: July 11-15: July 18-22: July 25-29: August 1-5:

Allergies: \_\_\_\_\_

Emergency Contact & Phone Number:

Permission Form:

Christ Community Preschool has our permission in an emergency to obtain the medical services of a physician for which we, the parents, will assume financial responsibility.

It is understood and agreed by us that Christ Community Church, Christ Community Preschool, the Teachers and Assistants, and Administrators are hereby released from injury that may occur in connection with the operation of the Summer Program, or from any illness that may be contracted by the child during the period of their enrollment.

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

Mother's Signature: \_\_\_\_\_

Father's Signature: \_\_\_\_\_



Child's Name: \_\_\_\_\_

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

Mother's Signature: \_\_\_\_\_

Father's Signature: \_\_\_\_\_