



Registration 2020-21

Today's Date: _____



PARENTS	Parent(s)/Guardian(s) _____ If Parent/Guardian is not here, name of Adult who brought the child, and relationship to child _____ Parent/Guardian/Accompanying Adult Email Address(es) _____ Street Address _____ City _____ State _____ Zip _____ Best contact while the child is in class: _____ Mom's Cell Phone _____ Dad's Cell Phone _____ Home/Other Phone _____ <i>I have read and agree to the Consent form on the reverse side.</i> _____ Authorized signature _____ Date _____ Relationship to child (circle one): Father Mother Legal Guardian			
	2020-21 classes	Grade/Birthdate Born 9/1/2018 or later Born 9/1/2017 - 8/31/2018 Born 9/1/2016 - 8/31/2017 Entering Kindergarten Fall 2021 Kindergarten; 1st-2nd grade 3rd grade; 4th - 5th grades	GraceKids Class (Sunday morning) Infant/Toddler Nursery Preschool 1 Preschool 2 PreK (Young 5's) Kindergarten class; 1st -3rd grade class 1st-3rd grade class; 4th-5th grade class	KidsClub Class (Sunday evening) Nursery Puggles Puggles Cubbies Sparks T&T
	CHILD 1	Name: _____ Gender: _____ Birth Date: _____ Age: _____ Grade: _____ Allergies: _____ Reaction: _____ Any other information about your child that may be helpful to the caregivers/teaching team: _____ Does your child receive any therapeutic services or have an IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	CHILD 2	Name: _____ Gender: _____ Birth Date: _____ Age: _____ Grade: _____ Allergies: _____ Reaction: _____ Any other information about your child that may be helpful to the caregivers/teaching team: _____ Does your child receive any therapeutic services or have an IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	CHILD 3	Name: _____ Gender: _____ Birth Date: _____ Age: _____ Grade: _____ Allergies: _____ Reaction: _____ Any other information about your child that may be helpful to the caregivers/teaching team: _____ Does your child receive any therapeutic services or have an IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please use second Registration form for additional children

Permission Slip / Parental Consent / Medical Release

Please sign on reverse side to indicate agreement.

By signing on the reverse side, I give permission for our (my) child(ren) to attend and participate in any activities sponsored by GraceKids and/or KidsClub of Grace Bible Church, Ann Arbor, MI, from September 1, 2020 to August 31, 2021.

In case of medical emergency, we (I) authorize an adult, in whose care the minor has been entrusted, to sign for and/or administer any necessary medical or dental care for my child(ren) named on the reverse.

Permission to Use Photographs and or Videos:

By signing on the reverse side, I grant to Grace Bible Church, its representatives and employees the right to take photographs and/or videos of the child(ren) named on the front side of this document in connection with church activities, including GraceKids and KidsClub. I authorize Grace Bible Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Grace Bible Church may use such photographs and/or videos with or without my name and/or my child(ren)'s name(s) for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

To refuse permission to use photographs and/or videos, initial below:

_____ NO, my signature on the reverse does NOT include permission for the use of photographs and/or video as described above.