

First Presbyterian Fun and Play School Registration & Release Forms

☐ Tuesday & Thursday: 9:00am – 2:00pm

☐ Wednesday & Friday: 9:00am – 2:00pm

CHILD'S INFORMATION

Child's Name: _____ Child's Preferred Name: _____

Birthdate: _____ Age: _____ Gender: _____ County: _____

Street Address: _____

Parent 1/Guardian 1: _____ Phone Number: _____

Parent 2/Guardian 2: _____ Phone Number: _____

Parent/Guard. 1 Occupation: _____ Parent/Guard.2 Occupation: _____

Email address: _____

PLEASE PUT AN ASTERISK * BY THE PARENT YOU WANT TO BE THE **PRIMARY CONTACT** PARENT FOR EMAILS AND TEXTS.

Does your child have **ANY Allergies**? _____ YES _____ NO

If **YES**, to what? _____

EMERGENCY CONTACTS

Provide persons authorized to act for the parents in the case of **EMERGENCY** where neither parent is available. These contacts are authorized to pick up the child from school.

Emergency Contact 1: _____ Phone Number: _____

Emergency Contact 2: _____ Phone Number: _____

PLEASE LIST ANY OTHER PERSON AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL:

PLEASE GIVE ANY OTHER INFORMATION YOU THINK WE SHOULD KNOW ABOUT YOUR CHILD:

*****Please return this form along with your \$50 non-refundable registration fee. *****

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MEDICAL RELEASE FORM:

I GIVE MY PERMISSION FOR FIRST PRESBYTERIAN FUN AND PLAY SCHOOL OF SPRING HILL, LOCATED AT 5344 MAIN STREET, SPRING HILL, TN 37174 TO OBTAIN THE NECESSARY MEDICAL ATTENTION NEEDED FOR MY CHILD, _____, WHILE HE/SHE IS IN THE CARE OF THE ABOVE PROGRAM AND ITS REPRESENTATIVES.

Parent's Signature: _____ Date: _____

PHYSICIAN INFORMATION:

Pediatrician's Name: _____ Phone Number: _____

Medical Group Affiliation (clinic/hospital/etc.): _____

Hospital of Choice: _____

INSURANCE INFORMATION:

Company Name: _____

Group #: _____ ID: _____

Policy Holder: _____

FUN AND PLAY SCHOOL HANDBOOK Agreement:

I HAVE RECEIVED A COPY OF FIRST PRESBYTERIAN FUN AND PLAY SCHOOL'S PARENT PACKAGE AND HAVE REVIEWED ITS POLICIES AND PROCEDURES. I AGREE TO ADHERE TO THE POLICIES AND PROCEDURES AS PART OF MY CHILD'S ENROLLMENT.

Parent's Signature: _____ Date: _____

FUN AND PLAY SCHOOL NON-LICENSED CHILDCARE STATEMENT:

I HAVE BEEN ADVISED AND UNDERSTAND THAT THE FIRST PRESBYTERIAN FUN AND PLAY SCHOOL OF SPRING HILL IS A MOTHER'S DAY OUT PROGRAM AND IS THEREFORE NOT LICENSED AND IS NOT REQUIRED TO BE LICENSED BY THE STATE OF TENNESSEE AS A CHILDCARE AGENCY.

Parent's Signature: _____ Date: _____

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MEDIA RELEASE:

Dear Parent/Guardian:

During the year we take photographs and videos of school activities as a photo journal of Fun and Play School. Some photographs and videos may directly or indirectly capture your child's image.

We seek your consent to publish these images through our website, social media pages, and newsletters. By giving us consent, you acknowledge and agree that First Presbyterian Church and Fun and Play School may use these images without any compensation, royalties, or payment of any kind. Furthermore, you release First Presbyterian Church and Fun and Play School from any and all liability or claims resulting from the use of these images.

PHOTO RELEASE CONSENT:

- ☐ **I HEREBY ALLOW** the reproduction and publication of my child's photograph(s) and video.
- ☐ **I DO NOT ALLOW** the reproduction and publication of my child's photograph(s) and video.

Name of Student: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____