

Amazing Grace Christian Preschool

6601 N. 9th Avenue

Pensacola, FL 32504

Phone: 505-7735

Parent/Legal Guardian Release

The undersigned hereby certify that he/she is the parent/legal guardian of _____ and has the authority to sign the following statement.

By enrolling the above named child in Amazing Grace Christian Preschool (hereafter called "the facility") the parents/legal guardians agree to hold harmless, defend and indemnify the facility from any and all claims, damages, injuries, losses, causes of action and demand, and all costs and expenses incurred in connection with the enrolled participant of the above named child in the facility, negligence of the facility, its employees, agents, or any and all other parties. The undersigned acknowledges that he/she has reviewed the facility and its program and consents to the named child participating in the program and using the facilities. In the event the above named child is injured or becomes ill while in attendance at the facility, consent is hereby give and granted to provide emergency treatment, as deemed necessary, by a physician/emergency personnel until such time as other appropriate measures can be arranged by the parent/legal guardian. The parent/legal guardian agrees to assume any and all costs that may be incurred for such emergency treatment.

Parent/Legal Guardian Signature _____ Date _____ 20 _____

Address _____ City/State _____ Zip Code _____

Emergency Pick-Up Name/Relationship _____ Phone _____

Office Use Only

**Amazing Grace Christian Preschool
Registration Acknowledgment**

Class _____
Days M T W Th F
Registration
& Supply Fees
Amt. Paid _____
Balance _____
Date _____

Child's Name _____
Parent's Names _____
Address _____
City/Zip code _____ Phone _____ ++_

Hours attending: From _____ a.m. To _____ p.m. **Early Drop off @ 8 a.m.** _____ (check)
Late Care until 2 p.m. _____ (check)

By signing below you verify that you have received the following:

- 1) A written copy of the Parent's handbook _____ initial (discipline policy)
- 2) A copy of Know Your Child's Daycare Center _____ Initial
- 3) Received a brochure on Influenza Virus _____ Signature

Signature _____ (person enrolling child)

Days Child is attending MWF ___ TTH ___ M-F ___ License #CO1ES0020
VPK (4's) _____ (M-Th) Fri. _____ (4's only -additional fee)

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