

**Presbyterian Church of Lawrenceville
Preschool Registration
2011**

Child's Name _____

Date of Birth _____

Name of Parent/Guardian _____

Address _____

Email Address _____

Phone Number _____

Known Allergies _____

Special Needs _____

Information that may be helpful for childcare provider to know to make your child's preschool visit more enjoyable

Below are the authorized person/persons who may pick up my child.
(Other than parents)

Name _____

Relationship _____

Name _____

Relationship _____

Note: Any unfamiliar person will be required to show identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent/guardian. A minor cannot pick up children from the preschool class.

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of
(child's name) _____ hereby grant permission to
PCOL, its employees or representatives, to take and use: (check all that apply:) ___photographs/digital
images ___videotape ___audio recording or quoted remarks of **my child** for use in promotional or
educational materials as follows: ___printed publications or materials ___electronic publications or
presentations ___Websites. I agree that my child's name and identity: ___may be revealed ___may **not**
be revealed in descriptive text or commentary in connection with the image(s).

(Date)

(Signature of Parent or Guardian)

*Please mail completed form to the church office,
2688 Main St. Lawrenceville, NJ 08648*

