

## Gracie's Place Preschool Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

1) Mother's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Mother's Email: \_\_\_\_\_

2) Father's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Father's Email: \_\_\_\_\_

Allergies? \_\_\_\_\_ Y \_\_\_\_\_ N Please list \_\_\_\_\_

Briefly describe child's personality \_\_\_\_\_

Child's sibling & Ages \_\_\_\_\_

Any problems or concerns we should be aware of? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I give my consent for \_\_\_\_\_ to participate in the Gracie's Place program. I, the undersigned certify that I am the legal parent/guardian of the above named participant and that he/she has my permission to participate in Gracie's Place Program.

### **Waiver Of Liability**

This release is intended to discharge in advance Gracie's Place and the City of San Ramon, including all of its representative agents, officials, volunteers, sponsors, and employees, from and against an and all liability arising out of or connected in anyway with my or my child/legal guardian's participation in the above activities, even though the liability may arise our of the active or passive negligence or carelessness on the part of the persons or entities mentioned above. Furthermore, I hereby agree that I, my heirs and assignees will not make claim against, sue, attached the property of, or prosecute Gracie's Place and the City of San Ramon and any sponsor, or any affiliate organization for injury or damage resulting from the active or passive negligence, carelessness or other acts, however caused by any employee, agent or contractor of the City of San Ramon, or it's affiliates, as a result of my participation in the above activities. In the event that the above named individual is a minor, I certify that I am the legal parent or guardian of the above participant that he/she is in good physical condition and I give my permission for him/her to participate in the above activities. I hereby give permission to Gracie's Place to take my or my child's/legal guardian's photo while participating in activities or programs to use for publicity.

I have read and understand the policies and conditions of this activity and signify my agreement and approval with my signature.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher signature \_\_\_\_\_ Date \_\_\_\_\_