



**PRESCHOOL
REGISTRATION FORM**

DATE: _____

Father's First and Last Name _____

Mother's First and Last Name _____

Mailing Address: _____ City _____ Zip _____

Home Phone: _____ E-Mail: _____

Child's Name	Gender	Age	Birthday	Grade	Any Allergies
	M/F				
	M/F				
	M/F				
	M/F				

Media Release
 I give my permission for photographs of my child to appear on the crossing @ birchwood church web site (no names will be given), church publications, or other church display boards.
 I do not want pictures of my child to appear on the crossing web site or other media. Signature: _____



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