

STATEMENT OF PERMISSION

[] I give permission to Triad Baptist Church Child Enrichment Center to obtain medical treatment for my child should an emergency arise in the event that I nor other emergency contacts listed cannot be reached. I understand it is my responsibility to take care of any financial cost incurred by an emergency.

[] I give permission for my child to participate in planned, supervised activities outside the fenced area of the facility.

[] I give permission for my child's picture to be taken during his/her program participation with Triad Baptist Church Child Enrichment Center. TBC CEC has my permission to use these photos for displays, web page (www.triadbaptist.com), brochures and promotional materials with no compensation to my child or his/her parents. I understand that names are never used.

This authorization is valid for the duration of my child's enrollment with Triad Baptist Church Child Enrichment Center.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

DEMOGRAPHICS

The following information is confidential and will not be disclosed to other sources. This information will only be used for purposes of statistics of the population served by TBC Child Enrichment Center.

CIRCLE ALL THAT APPLY

Sex of child: Male Female

Race of child: White African American Asian American Indian Hispanic

Has the child's immediate family lived in Forsyth County less than 5 years? Yes No

How did you hear about the TBC Child Enrichment Center _____

Child's church affiliation:

Triad Baptist Church: Active Member Inactive Member Regular Visitor

Other Church Affiliation: No Yes

If yes, specify _____

Active Membership Inactive Membership Regular Visitor

RECEIPT AND AGREEMENT OF MATERIALS

I have received a registration packet containing the following information and understand that these * forms must be on file prior to his/her first day of attendance:

- TBC CEC Parent Handbook
- Schedule of Fees
- *Registration Form
- *Statement of Permission
- *Emergency Medical Form
- *Proof of Current Immunizations
- *Discipline Guidelines
- *Payment Agreement
- *Teacher Information Sheet
- *Receipt and Agreement of Materials

I certify that the information I have provided regarding my child is true and accurate. I understand that Triad Baptist Church Child Enrichment Center reserves the right to verify this information independently. If my child is accepted for admission, I agree to adhere to all the rules and regulations established by the center including payment of school dues. **I further understand that admission and continuation at TBCCEC is a privilege not a right, and the Center's decision shall be final in this matter.**

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

Accurate information is vital to helping us provide the best possible care for your child. It is the parents' responsibility to inform the child care office immediately of any changes regarding personal information. All records are strictly confidential and the property of TBC Child Enrichment Center.

THIS INFORMATION HAS BEEN REVIEWED _____ DATE: _____