



Agape Community Center (ACC) Toddler Play Group Registration Form

Toddler Information

Child's Name (LN, FN): _____ DOB (mm/dd/yyyy): _____

Age: _____ Sex: _____ Primary Language: _____ Child Lives With: _____

Current toddler/preschool activities if any: _____

Special Learning Needs: _____ Allergies: _____

Parent / Guardian Information

1. Name (LN, FN): _____ Relationship: _____

Phone: (_____) _____ - _____ Email: _____

Language Preference: _____

Home Address: _____

City: _____ State: _____ Zip: _____

2. Name (LN, FN): _____ Relationship: _____

Phone: (_____) _____ - _____ Email: _____

Language Preference: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Caretaker Information (If the caretaker is different from the parent, please indicate below.)

Caretaker's Name (LN, FN): _____ Relationship (if any): _____

Phone: (_____) _____ - _____ Email: _____

Language Preference: _____

Parent / Guardian Consent

Acknowledgment and Assumption of Potential Risk

I wish to enroll my child, _____, in the Toddler Play Group at Agape Community Center (ACC) located at Golden Gate Christian Church (GGCC). I understand and acknowledge that participation in the program poses the potential risk of illness or injury to individuals who participate in such activities. I understand, acknowledge, and agree that the ACC/GGCC staff, representatives, and volunteers shall not be liable for the effects or consequences of any injuries or accidents resulting from 1) the use of any material provided by ACC/GGCC staff, its representatives, or volunteers, OR 2) any physical activities undertaken or conducted in the course of the program/class.

Media Waiver

I give permission for the ACC/GGCC staff and its representatives to photograph and/or videotape my child 1) for display on bulletin boards within the ACC/GGCC premises for viewing by students, parents, staff, and the church community, and 2) for use in brochures, newsletters, and other material for the purpose of promoting ACC/GGCC programs and providing information to students, parents, staff, and the church community. I understand and acknowledge that the ACC/GGCC staff and representatives are not responsible or liable for the effects or consequences of photographs and/or videotapes taken of my child by any third party.

I acknowledge that I am the parent/guardian of the named participant. I acknowledge that I have carefully read this PARENT/ GUARDIAN CONSENT FORM, and that I understand and agree to its terms.

Parent/Guardian Name: _____

Parent/Guardian's Signature: _____

Date: _____