



First Baptist Church of Weddington Preschool  
348 Providence Road South  
Weddington, NC 28173  
704-846-6770

Date: \_\_\_\_\_

Paid: \_\_\_\_\_

## 2024 "Summer Fun Days" Registration Form

Please bill me through Procure \_\_\_\_

Child's Name \_\_\_\_\_ Child's Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Special Information (allergies) \_\_\_\_\_

Special drop off or pick up contact information \_\_\_\_\_

### Please Select Session(s):

June 4, 5 \_\_\_\_\_

June 18, 19 \_\_\_\_\_

June 25, 26 \_\_\_\_\_

July 16, 17 \_\_\_\_\_

July 23, 24 \_\_\_\_\_

July 30, 31 \_\_\_\_\_

### MEDICAL EMERGENCY RELEASE

In case of a medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I authorize the school to acquire necessary medical attention, including having the child transported to a hospital or medical treatment facility.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHOTO Release

\_\_\_\_ I give my permission for the FBCW Preschool to use images of my child taken at school or school-related events, in any FBCW publications and promotional materials. These may include use in print materials, presentations, and on the FBCW Preschool web site. I understand that these photos will be used for the sole purpose of promoting or reporting on the FBCW Preschool.

\_\_\_\_ I DO NOT wish for my child's picture to be used.