



2017 Summer Application

Child's Name: _____ Child lives with: _____

DOB: _____ Allergies: _____

Address: _____ City: _____ ST: _____ Zip: _____

Mom's Name/Number: _____

Dad's Name/Number: _____

Persons Allowed to Pick Up My Child:

_____	_____
_____	_____
_____	_____

Emergency Contact if Parents Cannot Be Reached:

_____	_____
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Dr. Name: _____

Dr. # _____

By signing below, I give permission for my child to be transported to the nearest facility in the event of an emergency. I also give permission for my child to be photographed and pictures posted on the church website or the Dallas Bay Preschool Page.

Signed: _____

Date: _____