

Transportation

Your child will be allowed to leave ONLY with a parent/guardian or those listed below:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Are there custodial issues of which we should be aware? _____

Student's Daytime Caregiver's Name _____ Phone _____

Miscellaneous

How did you first hear about Cross of Christ Preschool? Please mark all that apply:

- Family or Friend Referral
- Treasure Valley Family Magazine
- Church sign
- Website
- Door Hanger/Flyer/Mailing
- Other: _____

Current Church Affiliation:

Name of Church _____

Name of Pastor _____

- Member
- Attend Regularly
- Attend Occasionally
- Not a Member of a Church

I have read and understood the Cross of Christ Preschool Handbook and agree to all policies outlined therein.

Father's Signature

Mother's Signature

Date

Date