

28900 Pontiac  
Trail  
South Lyon, MI  
48178  
(248) 264-6028

**Crossroads Christian  
Daycare & Preschool**  
Registration Form

**Open  
Mon.– Fri.  
(except  
holidays)  
7 AM-6 PM**

**One Per Family**

Parent's Names \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**\*\*Child's Name** \_\_\_\_\_ M  F

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies \_\_\_\_\_

Specific Needs \_\_\_\_\_ Days/Time \_\_\_\_\_

**\*\*Child's Name** \_\_\_\_\_ M  F

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies \_\_\_\_\_

Specific Needs \_\_\_\_\_ Days/Time \_\_\_\_\_

**\*\*Child's Name** \_\_\_\_\_ M  F

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies \_\_\_\_\_

Specific Needs \_\_\_\_\_ Days/Time \_\_\_\_\_

Please initial one: I hereby **GRANT** \_\_\_\_\_ **DO NOT GRANT** \_\_\_\_\_ Crossroads Christian Daycare & Preschool the right to use photographs of my child(ren) taken while participating.

**MEDICAL AUTHORIZATION & HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_ do hereby agree that my above-listed child(ren) has my permission to attend Crossroads' Christian Daycare & Preschool. I also grant to the leaders and supervisors of the event my permission and authority to contract for and obtain any necessary medical, dental, or surgical care for said child(ren). Recognizing that I am encouraging my child(ren) to attend this school, I hereby agree to defend, hold harmless, and indemnify Crossroads, its volunteers and employees, any claim or action that might arise on behalf of my child(ren) during the course of said Daycare/Preschool other than for the willful, wanton or reckless misconduct of Crossroads Christian Daycare & Preschool, its employees or volunteers.

Signature (father, stepfather, guardian) \_\_\_\_\_ Signature (mother, stepmother, guardian) \_\_\_\_\_ Date \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group/Policy # \_\_\_\_\_