

## Flemington Presbyterian Preschool

I acknowledge receipt of the key fob to the Church and agree to return it upon request or at the end of the school year. Lost key fobs must be reported immediately to the Preschool office and I will forfeit my \$10 deposit.

Parent/Guardian signature \_\_\_\_\_

Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

\*\*\*\*\* For Office use only \*\*\*\*\*

Date key fob issued \_\_\_\_\_ Fob/s how many \_\_\_\_\_ paid \_\_\_\_\_

Date key fob returned \_\_\_\_\_ Key fob # \_\_\_\_\_ Deactivated    Y    N