

KIDS FIRST MOTHER'S DAY OUT

First Baptist Church
Murray, Kentucky

Registration Form

Child's Name _____ Age: _____ Birthdate: _____

Home Address: _____ Phone: _____

Email Address: _____

Mother's Name: _____ Address: _____

Employment: _____ Phone (H) _____ (W) _____ (C) _____

Father's Name: _____ Address: _____

Employment: _____ Phone (H) _____ (W) _____ (C) _____

Are you a member of FBC Murray? Yes ___ No ___ If not, where do you attend? _____

If parents cannot be reached in case of emergency, please contact:

Name: _____ Relationship to child: _____

Address: _____ Phone: (H) _____ (C) _____

Name: _____ Relationship to child: _____

Address: _____ Phone: (H) _____ (C) _____

Child's Physician: _____ Phone: _____

Persons (other than parent) authorized to pick up your child: _____

Fall

For office use only

___ Tues. ___ all day ___ half day

___ Thurs ___ all day ___ half day

___ Wed ___ all day ___ half day

Supply Fee pd. _____

Please list additional information pertinent to your child's care:

Spring

For office use only

___ Tues. ___ all day ___ half day

___ Thurs ___ all day ___ half day

___ Wed ___ all day ___ half day

Supply Fee pd. _____

Parent's Signature

Date