FIRST BAPTIST FISHERVILLE
MOTHER'S DAY OUT
2019 – 2020 Registration Form

Child's Name _____ Birth date _____ Gender_____

Address/City/State/Zip _____

Mother _____ Father _____

Home # _____ Home # _____

Work # _____ Work # _____

Mobile # _____ Mobile # _____

Email _____ Email _____

Church Attending _____

Release of Child

Persons allowed to pick up child (other than parents) and Emergency Contacts (in order to call):

1. _____ 2. _____

Relationship _____ Relationship _____

Home # _____ Home # _____

Mobile # _____ Mobile # _____

3. _____ 4. _____

Relationship _____ Relationship _____

Home # _____ Home # _____

Mobile # _____ Mobile # _____

ID must be shown if other than parents or emergency contacts listed

I am enrolling my child for: ____ 2 days
Early Care program: _____ Tuesday _____ Thursday

Fun day Monday: _____

If enrolling for one day, indicate which day: _____ Tuesday _____ Thursday
(**INFANT'S ONLY**)

Please answer the following to help the administration and teachers in working with your child:

Does your child take a nap at home? If so, how long does he/she nap and list any special routines or toys used to help them sleep.

Is your child potty-trained? Yes No
All three's must be potty trained by August 2017 to be in the 3 year old program.
Comments:

Please provide information that would be helpful for your child's teacher.

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize First Baptist Fisherville Mother's Day Out staff to take my child to an emergency room or to the following physician or his/her associates, for medical care.

Doctor _____ Hospital _____

Address/City/State/Zip _____

Phone _____

Group Name _____ Insurance Name _____

Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician.

_____
Signature of Parent/Guardian

Allergies _____

Medical Conditions _____

Prescriptions taken daily _____

My child, _____, is current with all immunizations.

_____ _____
Signature of Parent/Guardian *Date*

Please attach a copy of your child's immunization records for our files.