

Mother's Day Out

KFUMC • 321 Thompson Drive • 830-257-0800

OFFICE USE ONLY

Date Received _____
Summer Registration Fee \$ _____
Fall Registration Fee \$ _____
Check # _____
Emergency Release _____
Allergy Form _____
Photo Form _____
Class Name _____

REGISTRATION ADMISSION FORM

Child's Name _____

Date of Birth ___/___/___ Gender ___ Date of Admission _____

Child's Address _____ City _____ State ___ Zip _____

Home Phone () _____ Main E-mail Address _____

Mother's Name _____ Cell# _____ Work # _____ Occupation _____

Address if different from child's address _____ City _____ State ___ Zip _____

Father's Name _____ Cell # _____ Work # _____ Occupation _____

Address if different from child's address _____ City _____ State ___ Zip _____

1st Emergency Contact Name _____ Phone () _____

Address _____ City _____ State ___ Zip _____

Relationship to Child _____

Has permission to pick up all children in family

Additional people who have permission to pick up your child _____

Is there anyone to whom your child MAY NOT be released? Yes No

If yes, please name _____

Name of Physician _____ Phone# _____

Physician Address _____ City _____ State ___ Zip _____

Are there any special conditions that your child may have such as allergies, existing illness, previous serious illness, or prescribed long-term medication Yes No If, yes, please list information which caregiver's should be aware

of: _____